

Diocese of Trenton



Appendix 2032: Medication Authorization Form: Medication to be Administered by Parish Nurse

**REQUEST FOR MEDICATION TO BE ADMINISTERED BY PARISH NURSE**

Student:		D.O.B.:	
Teacher:		Grade:	Room:
<b>PARENTAL REQUEST</b>			
I, the parent/guardian of _____, I request that the parish nurse administer the medication prescribed by my child's physician to my child at the prescribed time.			
I agree to bring the supply needed of the medication to the parish nurse. The medication will be brought to school in its original container appropriately labeled by my pharmacy.			
Signature of Parent/Guardian		Date	
Address			
Phone #			
<b>PHYSICIAN'S STATEMENT</b>			
In order to protect the health of _____			
It is necessary for her/him to have the following medication during Religious Education hours.			
Medication:			
Dosage:			
Time to be administered:			
Purpose of medication:			
List any possible side effects that might be expected:			
Diagnosis:			
I authorize the parish nurse to administer the above medication.			
Signature or Physician		Date	
Print Physician's Name		Phone	