ST. ANTHONY CATHOLIC SCHOOL
AUTHORIZATION TO DISPENSE MEDICATION

Please allow St. Anthony Catholic School to dispense prescribed medication to my child

_____.

The medication is _____and was prescribed by

_____.

My child is to receive _____ of medication at _____.

SPECIAL INSTRUCTIONS:

_____

_____

Authorizing Signature: _____
Relationship: _____ Date:_____

DISPENSATION RECORD

Date	Time	Dosage	Signature of Adult Dispensing

Note: Complete one authorization form for each medication given.