



St. Mary Catholic Elementary Schools
Medication Consent Form

Elementary Campus:

SMCS Summer Day Camp

Name of Student:

Address:

Name of Medication:

Physician's Name:

Phone:

Special Instructions (Dosage, Method, Frequency):

I hereby give my permission to school personnel to dispense the above medication to my child according to the directions stated above and to contact the child's physician if necessary.

I further agree to hold SMCS and the student's respective elementary school (checked above) harmless in any and all claims arising from the administration of this medication at school.

Parent/Guardian Signature:

Date:

Note: All prescription medication must be in the original prescription container with the official prescription information on the label.