

**Saint Gregory School  
Private Physician Request for  
Administration of Medication During School Hours**

Dear Health Care Provider:

The purpose of this form is to give the school direction on medications that must be administered during the school day. Medication is defined as prescription, over the counter medications and other therapeutic agents. This completed medication form may be faxed to us at 724-452-4064.

Please include the following information:  
1. Name of Student    2. Amount of Medication to be Taken    3. Time medication is to be taken

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

<b>Medication</b>	<b>Dosage</b>	<b>Time</b>	<b>Duration</b> (Not Beyond Current School Year)	<b>Reason</b>

Instructions/Observations: \_\_\_\_\_  
\_\_\_\_\_

Curtailment of Specific School Activities:    No \_\_\_\_\_    Yes \_\_\_\_\_ (please explain)

\_\_\_\_\_  
**Physician Signature** **Date**

\_\_\_\_\_  
**Printed Physician Name or Stamp**

\_\_\_\_\_  
**Phone Number**

I authorize this medication to be administered to my child:

\_\_\_\_\_  
Parent/Guardian Signature Date