



# St. Malachy School

330 North Green Street  
Brownsburg, Indiana 46112  
852-2242

## PARENT/GUARDIAN RELEASE FOR ADMINISTRATION OF MEDICATION

Please complete the following required information for your student/s if you request medication to be administered during school hours.

Name \_\_\_\_\_ Medication Allergies \_\_\_\_\_

Medication Name	Strength	Dose	Time/s To Be Given	Date/s To Be Given

Name \_\_\_\_\_ Medication Allergies \_\_\_\_\_

Medication Name	Strength	Dose	Time/s To Be Given	Date/s To Be Given

Name \_\_\_\_\_ Medication Allergies \_\_\_\_\_

Medication Name	Strength	Dose	Time/s To Be Given	Date/s To Be Given

I hereby give permission for St. Malachy Parish School Staff to oversee administration of the medication specified above for my child/ren.

Parent/Guardian Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_