

Appendix F

St. Simon the Apostle School
11019 Mueller Road
St. Louis, MO 63123
Phone: 842-0181 Fax: 849-6355

Prescription Medication Consent Form

\_\_\_\_\_ is authorized to take
(Child's Name)

\_\_\_\_\_ at the dosage of
(Name of Medication)

\_\_\_\_\_ at \_\_\_\_\_ each day from \_\_\_\_\_ to \_\_\_\_\_.
(Dosage) (Time) (Date) (Date)

Parent and Physician are in agreement for the medication to be dispensed during the school day as
part of the treatment for \_\_\_\_\_.
(Diagnosis)

Parent/Guardian Signature Date

Physician Signature Date

If there is ANY change in the dose or timing of the medication, a new consent form must be
completed and signed by both the parent and the physician. NO student will be allowed to take
medication without this permission slip on file.

Strict supervision of the dispensing of all medicines is taken very seriously and will only be authorized
with written permission. The original prescription bottle must be sent with the medication. NO
MEDICATION WILL BE DISPENSED UNLESS IT IS IN THE ORIGINAL CONTAINER. Students who
are authorized to take medication during the school day, must get the medication in the office and
consume it there.

Please refer to St. Simon the Apostle Family Handbook for a more detailed review of St. Simon
the Apostle medication policy.