

**Parental Consent for Medication Administration to their Child
2021 – 2022 School Year**

Date: _____ School: Mary Queen of Peace School

Student: _____ Grade: _____

My child is to receive _____ medication according to the physician's direction given for _____

I give permission for this medication to be administered to my child at school. The school has my permission to call the physician with any questions regarding the medication.

My child has _____ drug allergies.

Signature: _____

Relationship to Student: _____

**Physician Consent for Medication Administration
2021 – 2022 School Year**

Date: _____ School: Mary Queen of Peace School

Student: _____ Grade: _____

Medication: _____ Dose: _____

Time Interval: _____

Diagnosis or reason for treatment: _____

Side Effects to be Considered: _____

Restrictions: _____

Signature: _____