Christ the Teacher Catholic Schools

SCHOOL PERSONNEL

CONSENT TO

ADMINISTER PRESCRIPTION MEDICATION

Name of Student:											
P	Prescription Medication:										
I	hereby	consent	to	administer	the	ahove	mentioned	prescribed	medication,	fo	
_ N		ION FOR			as pe	er the in	structions of	n the ADMIN	NISTRATION sent to admin	OF	
		Emp	loyee S	Signature			-		Date		