



Diocese of Trenton
Guidelines for Notification of Student Self Medication

NOTIFICATION OF STUDENT SELF MEDICATION

Student:	D.O.B.:	
Teacher:	Grade:	Room:
PARENTAL REQUEST		
<p>As the parent/guardian of _____, I am notifying the Religious Education program that my son/daughter will be self-administering the medication prescribed by my child's physician at the prescribed time.</p> <p>I agree to send my child to Religious Education with the necessary daily supply prescribed. The medication will be brought to Religious Education in its original container appropriately labeled by my pharmacy.</p>		
Signature of Parent/Guardian	Date	
Address		
Phone #		
PHYSICIAN'S STATEMENT		
In order to protect the health of _____		
It is necessary for her/him to have the following medication during Religious Education hours.		
Medication:		
Dosage:		
Time to be administered:		
Purpose of medication:		
List any possible side effects that might be expected:		
Diagnosis:		
I authorize _____ to self-administer the above medication.		
Signature of Physician	Date	
Print Physician Name	Phone	