



**St. Mary Catholic Elementary Schools**  
Medication Consent Form

**Elementary Campus:**

SMCS Summer Day Camp

**Name of Student:**

**Address:**

**Name of Medication:**

**Physician's Name:**

**Phone:**

**Special Instructions (Dosage, Method, Frequency):**

I hereby give my permission to school personnel to dispense the above medication to my child according to the directions stated above and to contact the child's physician if necessary.

I further agree to hold SMCS and the student's respective elementary school (checked above) harmless in any and all claims arising from the administration of this medication at school.

**Parent/Guardian Signature:**

**Date:**

***Note: All prescription medication must be in the original prescription container with the official prescription information on the label.***