



Saint Mary Magdalen
Catholic School

8750 Magdalen Ave.
Brentwood, MO 63144
314-961-0149; FAX 314-961-7208

Physician Consent for Medication Administration

Date: _____ Name of Student: _____

Medication: _____ Dose: _____

Time interval: _____

Diagnosis or reason for giving: _____

Side Effects to look for: _____

Restrictions: _____

Physician's Signature _____