



# ST. KIERAN CATHOLIC SCHOOL

1347 Camillo Way, El Cajon, CA 92021  
619.588.6398

[www.saintkierancatholicschool.org](http://www.saintkierancatholicschool.org)  
[www.facebook.com/StKieranCatholicSchool](https://www.facebook.com/StKieranCatholicSchool)

## Medication Administration Form

Date Completed: \_\_\_\_\_

Students Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Condition / Ailment: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_

Dosage to be give: \_\_\_\_\_

- I will assume responsibility for safe delivery of the medication to school.
- I will notify the school immediately if there is any change in the use of the medication.
- I release and agree to hold SKCS, its officials, designees and employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

\_\_\_\_\_  
Parent / Legal Guardian (PRINTED Name)

\_\_\_\_\_  
Parent / Legal Guardian (SIGNATURE Name) Date

***\*\*\*Must be signed and submitted to Office accompanied by Medication Administration Log form***

### EMERGENCY CONTACT:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

