

Benilde-St. Margaret's Senior Party 2019
Administration of Medication/Medical Procedures

Student's Name _____

Date of Birth _____ Drug Allergies _____

Name of Medication/Medical Procedure _____

Diagnosis/Indication for medication _____

Time/frequency to be administered _____

Dosage/method of administration _____

Additional instructions _____

In the event of questions regarding medication(s) or problems associated with medication(s), I hereby give permission to speak with our physician.

Physician's Name _____

Physician's Phone _____

Parent Association representations will destroy any medication that is not picked up at the conclusion of the senior party. Medications will be administered according to the directions above. I understand that the Parent Association volunteers and Benilde-St. Margaret's and its employees are not liable for adverse effects or injury due to administering (or not administering) the above listed medication(s).

Signature of Parent/Guardian

Date