



**Stella Maris Academy**

7654 Herschel Ave., La Jolla, CA 92037 (858) 454-2461

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

I request that my child be administered the prescription (or non-prescription) medication listed below according to the designated guidelines:

Name of Child: \_\_\_\_\_

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

Dosage: \_\_\_\_\_ Times to be taken: \_\_\_\_\_

Duration: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

- ❖ A properly completed physician’s statement must accompany this permit for prescribed medication
- ❖ The prescribed medication must be in the original container and have the affixed label including student’s name
- ❖ This record will be kept in the student’s file
- ❖ A new permit needs to be signed for each new prescription
- ❖ At the discretion of the principal, the school may require that medication be kept by school personnel until the student needs to use it.

This releases and holds school personnel harmless from any and all liability for damages or injury resulting directly or indirectly from the presence of medication in the school or its use by my child.

Signed (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_



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