



The Canterbury Episcopal School
1708 N. Westmoreland Rd. ▪ DeSoto, TX 75115
972-572-7200

2010-2011

Authorization for Medications to be Taken During School Hours

Please Print or Type

Child's Name _____ Sex _____ Date of Birth _____

Physician's Name _____ Physician's Telephone _____

I request that my child be assisted in taking the medicine(s) described below at school by authorized persons.

Date _____ Parent/Guardian Signature _____

Home Phone _____ Emergency Phone _____

Diagnosis for which medicine is given:

Name of Medicine:

Form:

Dose:

If medicine given DAILY, at what time?

If medicine to be given "When Needed", describe indications:

How soon can it be repeated?

List significant side effects:

Length of time this treatment is needed:

Other Information:

Date: _____ Physician's Signature _____