



Rooted In Faith, Growing In Grace

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Assumption Parish School  
4709 Mattis Road  
St. Louis, MO 63128  
314.487.6520

### PHYSICIAN CONSENT FOR MEDICATION ADMINISTRATION

Date \_\_\_\_\_ Name of Student \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time to be given: \_\_\_\_\_

Diagnosis/Reason for Treatment: \_\_\_\_\_

Side Effects to look for: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*Physicians: Your prompt reply is requested. Our fax number is listed below for your convenience. Thank you. Assumption School fax: 314-487-3598.