



Notre Dame-Bishop Gibbons School

2600 Albany Street · Schenectady, NY 12304-1899 · (518) 393-3131 · Fax (518) 370-3817

Authorization for Administration of medication:

1. To be completed by the parent or legal guardian:

I, _____, give parental consent that my child _____ grade _____ may receive any and all medications that are prescribed by a licensed health care provider while at school by the school nurse.

Signature of parent/legal guardian: _____

Contact information for parent'/legal guardian: _____

Today's date: _____

I, _____, as parent or legal guardian of _____, authorize the designation of specified school personnel at Notre-Dame- Bishop Gibbons, who are not licensed health care professionals, to supervise the administration of required medication, which is to be "self-directed" to my child:

Student name: _____ Today's Date: _____

Name and dosage of medication: _____

Route and frequency of medication: _____

Signature of parent/legal guardian: _____

Please return completed form to the health office. 😊

Thank you. Please call with any questions.

Christine Goodwill, RN, BSN

ND-BG School Nurse

Ph# 518-393-3131 (ext. 104)

Fax # 518-370-3817

A School of the Roman Catholic Diocese of Albany

