East Central Catholic Schools

SCHOOL DECISION ON ADMINISTRATION OF MEDICATION AT SCHOOL

To: Parent/Legal Guardian

From: _____, Principal

_____, School

RE: Name of Child _____
Surname *First* *Initial*

This is to advise that I/We undertake to administer the medication as you requested in your letter of _____, 20_____, to the best of our ability, pursuant to Administrative Procedure 312 – Administering Medical Treatment to Students, Form 312-1 and Form 312-2.

_____ _____
Principal Teachers(s)

OR

This is to advise that I/We will not undertake to administer the medication as requested in your letter of _____, 20_____, for the following reason(s):

_____
_____
_____
_____

_____ _____
Principal Teacher(s)

_____ _____
Date Date

Copy of this letter is placed in the student's school file.