

# Notre Dame Junior/Senior High School

## MEDICATION PERMISSION FORM

(For parental use as needed.)

Only medication prescribed by a physician, dentist, or optometrist shall be administered during the time the student is at school. Written authorization and instruction shall be provided by the parent or legal guardian. The school reserves the right to contact the prescribing doctor's office to confirm or clarify medication instructions.

All medication must be supplied to the school in the original container. All containers must be properly labeled and include the following information: name of medication, dosage, time to be given, name of doctor, name of student, and route of administration.

The time of medication administration may need to be altered slightly to fit your student's schedule. Students in Grades 7 - 12 will be responsible for going to the office at the appropriate time.

The bottom part of this form must be completed and returned to the school office for your child to continue having medication administered at school.

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

\_\_\_\_\_  
Grade or Homeroom Teacher

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

\_\_\_\_\_  
Dosage

\_\_\_\_\_  
Time medication to be given at School

\_\_\_\_\_  
Length of time medication to be given

This medication has been prescribed by:

\_\_\_\_\_  
Doctor

The school has my permission to contact the prescribing doctor if clarification is needed about giving this medication at school.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date