# 2018-2019 NON- PRESCRIBED MEDICATION
## AND TREATMENT AUTHORIZATION

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO RECEIVE NON-PRESCRIBED MEDICATIONS/TREATMENT IN SCHOOL. **ALL SPACES MUST BE COMPLETED. PLEASE PRINT.**

**Name** ______________________________________________________________________________
Last First Middle

**Gender** ___ **Grade** ___ **Homeroom Teacher** ____________________ **Birth Date** ____/_____/_______

I am requesting that an authorized representative of Holy Name Catholic School administer the following over-the-counter medications(s) or treatment:

Non-prescription Medication 1:

_____________________________________________________________

Directions for Administration/Side Effects:

_____________________________________________________________

_____________________________________________________________

Medication Administration

Beginning ____/_____/_______ End ____/_____/_______

Non-prescription Medication 2:

_____________________________________________________________

Directions for Administration/Side Effects:

_____________________________________________________________

_____________________________________________________________

Medication Administration

Beginning ____/_____/_______ End ____/_____/_______

A. I give permission for my child to deliver medication to the health clinic at the beginning of the school year or when necessary and permission to retrieve medication from school at the end of the school year. Medications left at school following the close of school year will be destroyed.

B. I will notify school immediately if there is any change in the use of the medication(s)/treatment.

_____________________________________________________________
Parent/Guardian Signature Date

_____________________________________________________________
Parent/Guardian Printed Name

_____________________________________________________________
Home phone Cell Phone Work Phone

PERMISSION IS VALID ONLY FOR THE CURRENT SCHOOL YEAR AND ONLY FOR THE STUDENT LISTED ON THE FORM. STUDENTS ARE NOT PRERMITTED TO SHARE THEIR MEDICATIONS WITH OTHER STUDENTS. VIOLATIONS WILL RESULT IN DISCIPLINARY ACTION.