

**St. Joseph Catholic School
Medication Permission Form
2020-2021**

Medications may be administered to students at school only with written parental/guardian consent. No medications may be dispensed without a completed medication permission form. Additional forms are available in the school office.

Prescription medications must be in the labeled prescription container with the most current prescription and prescribing doctor's name on the label. Please send a one month supply at a time. If the medication needs to be sent home with the student at the end of the day or the end of the week, please contact the school office. When obtaining a prescription at the pharmacy, please request a second labeled bottle to put the medication in to keep at school.

Non-prescription (over-the-counter) medications must be in their original container with the student's name written on the container. Medications to be given "as needed" may be sent to school also, but clear, written instructions for dosage should be included.

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I hereby give permission for the designated trained staff person(s) at St. Joseph Catholic School to administer the following medication to the student named below:

Student name: _____

Medication name: _____

Dosage amount to be given: _____

Inhaler: If your student is currently using an inhaler, please complete the Asthma or Airway Constricting Medication Form.

Parent/guardian signature: _____

Date: _____

Please complete this form for each medication that your child will receive at school.