

St. Teresa of Calcutta School

Permission for Medication During School Hours

If your child is to receive any medications during the school day, please complete and return this form to the office for our records.

Student's Name: _____ Grade _____

Medication: _____ (circle one) Tablet Liquid Ointment

Dosage: _____

Time to be Given: _____

Other Instructions: _____

Reason for medication: _____

Side effects of which school staff should be aware (drowsiness, irritability, nausea, unable to participate in P.E., etc.)

Medication prescribed by: _____

Physician's name (address, and telephone if not local): _____

This permission form is in effect from _____, 20____, to _____, 20____.

(Parent/guardian signature)

(Date)

Please send the original medication container to school. Any other container must be clearly labeled. Please include the student's name and grade, name of medication, and dosage instructions.

Students requiring aspirin, Tylenol, cough/cold medicine, or other over-the-counter medications must also have a completed medication form for our records.

State law mandates that no medications may be dispensed by school officials without parental/guardian permission. This includes aspirin and Tylenol. Students should bring these and all medications to the school office.