

Monsignor Clarke School

AUTHORIZATION FOR THE DISPENSING OF NON-PRESCRIPTION MEDICATION

School year _____ Date _____

The dispensing of non-prescription medication such as Tylenol or Advil **will not be allowed without prior permission** from parents/guardians *and* the child's physician. If your child needs a non-prescription Medication and no permission slip is on file, it cannot be given. Our medication policy requires that if your child needs medication you are required to supply that medication.

Student _____ Grade _____ DOB _____

Allergies _____

Other Conditions _____

I request that my child be assisted in taking the medication(s) listed below at School

(MANUFACTURER-LABELED CONTAINERS ONLY)

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Physician's Signature _____ Date _____

Parent/Guardian Signature _____

Home Phone _____ Work Phone _____

Emergency Phone _____

No student shall have in his/her possession any medication while on school property unless it is authorized by his/her physician.

Medication should be brought to the nurse's office