

TRINITY CATHOLIC HIGH SCHOOL
AUTHORIZATION FOR MEDICATION

Student Receiving Medication: _____

School personnel will not administer medications unless parents/guardians fill out the following authorization. A separate form is required for each drug (this includes all prescription and non-prescription). My permission is hereby granted to the School Principal or Principal's designee, to administer medication to my child as described below:

Name of drug: _____

Name of Physician: _____ Physician Phone #: _____

Starting Date: _____ Amount to be given: _____

Time(s) to be given at school: _____

Special Instructions (example, taken with or without food): _____

Health condition requiring medication: _____

All medication must be properly labeled and in original container.

Forms must be renewed each school year.

Parent/Guardian Signature

Date

An asthmatic student may carry a prescribed metered dose inhaler on his/her person while in school when they have approval from their parents and their physician. **It is advisable to keep an extra inhaler at school with personnel assigned to administer medications.**

The above named child may carry and self-administer his/her metered dose inhaler.

Parent/Guardian Signature

Date

Physician Signature

Date

(This form shall be maintained as a part of the student's cumulative health record for 7 years from issuing date.)