

Central Catholic Jr/Sr High School Student Prescribed/Alternative Medication Permission Form

Date received by school: _____

Student: _____ Date of birth (age): _____

School Year: _____ Grade: _____

OVER THE COUNTER MEDICATIONS

The Central Catholic Front Office keeps the following medications on hand to dispense to students as needed. **Parent permission is required for us to dispense these medications.** Please check the medications that may be given to your student as needed, and give your permission for dispensing by signing below:

- Extra-Strength Tylenol (generic)
- Advil (generic)
- Tums
- Pepto Bismol tablets

Parent/Guardian Signature: _____ **Date:** _____

PRESCRIPTION MEDICATIONS

All **non-emergency prescription** medications must be dispensed by the Front Office and must be in their **original container**. Medicines may not be carried by students or kept in their lockers. Please provide the following information on your child's Rx:

Name of Medication: _____

Reason for Medication: _____

Dosage: _____

Start and end dates: _____

Parent/Guardian Signature: _____ **Date:** _____

Emergency inhalers and epi-pens may be carried by students or kept in their lockers ONLY if an action plan has been filled out and signed by the physician, and turned in to the Front Office. Please see your child's physician for their preferred action plan.