

Cleveland Central Catholic High School
Parent Request for the Administration of
Non-Prescription Medication by School Personnel (8.17)

NON-PRESCRIPTION MEDICATION POLICY

To protect your child's safety school personnel will adhere to the following:

1. It is required that this form be completed which includes BOTH the parent AND physician signatures before any non-prescription medication is administered. This includes all over-the-counter products such as Tylenol, Advil, Dimetapp, etc.
2. The non-prescription medication must be in its original container and the bottle must be new with an unbroken seal. The bottle must have the student's name on it.
3. New request forms must be submitted each year.

Student: _____

Address: _____ City/State/Zip: _____

Name of Non-Prescription Medication and Dosage: _____

Times of Day to be Administered: _____

Number of Times/Intervals Medication is to be Administered: _____

Date to Begin Medication: _____ Date to End Medication: _____

Special Instructions for Administration of Medication: _____

This medication may be safely administered by non-medical personnel Yes No

This student is under my care. Non-prescription medication may be taken during school hours.

Physician's Printed Name

Telephone

Physician's Signature

Date

Please regard my signature below as my assurance that I release Cleveland Central Catholic High School and any or all of the school's officers or employees from any liability or damages resulting from the consequences or adverse reactions of our child's taking or failing to take this medication at the times prescribed.

Parent/Guardian's Printed Name

Telephone

Parent Signature

Date

