

# 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.***