

St. John Paul II Catholic Academy
Non-Prescription Medication Consent Form

Name of Student _____ School Year _____

Grade _____ Teacher _____

Name of the Over the Counter Drug and Dosage: (Tylenol, Advil, antacids, ointments/creams)

Medication #1 _____ Dose _____

Medication #2 _____ Dose _____

Medication #3 _____ Dose _____

Reason for medication: _____

The principal's designee or the school nurse is authorized to administer medication needed during the school hours. Documentation of all medication administered during the school day will be performed by school personnel according to established school policy.

I hereby give permission for St. John Paul II Catholic Academy to give the above medication(s) to my child during the school day. I authorize the school personnel to contact the physician for further information/instruction or with concerns regarding the administration of this medication(s). I agree to hold Nativity Catholic School, its employees and agents who are acting within the scope of their duties, harmless in any and all claims arising from the administration of this medication(s) at school.

Over the Counter Drugs May be administered in compliance with written instructions of the Parent or guardian if the parent or guardian consents in writing. 118.29(2)@(1).Wis.Stats

ANY OTC MEDICATION CONTAINING ASPIRIN MUST HAVE A WRITTEN PHYSICIAN'S ORDER ON FILE IN THE SCHOOL OFFICE IN ORDER FOR THE MEDICATION TO BE GIVEN AT SCHOOL.

All OTC medications must be in the original labeled container. Medications in baggies will not be accepted. Medications will be administered Within the guidelines established by the manufacturer on the container. Dietary supplements and herbal supplements must be accompanied by a physician's order.

I agree to notify the school in writing at the termination of this request or when any change in the above order is necessary.

Signature of Parent/Legal Guardian

Date

Home phone number _____ Work phone number _____

Cell phone # _____

Signature of Principal