



HIGHLAND CATHOLIC SCHOOL

welcoming everyone in an experience that's more than an education

AUTHORIZATION FOR THE ADMINISTRATION OF NON-PRESCRIPTION MEDICATION **School Year 2010-2011**

A student may be administered medication during the day **when the medication is necessary** for the health of the student and cannot be administered at home. Medications will be administered by a teacher.

No medication, under any circumstances, will be administered to a student without parental/guardian authorization.

FAMILY NAME _____

CHILD _____ may take _____ once during the school day.
Medication strength dose

CHILD _____ may take _____ once during the school day.
Medication strength dose

CHILD _____ may take _____ once during the school day.
Medication strength dose

CHILD _____ may take _____ once during the school day.
Medication strength dose

I hereby give my permission for my child(ren) to receive the above medication at school as indicated.

Signature of Parent/Guardian

Date

We usually have a supply of junior and adult Acetaminophen (Tylenol) and Ibuprofen (Advil and Motrin). All other strengths and non-prescription medicine must be sent from home.

Thank you