

**MELBOURNE CENTRAL CATHOLIC HIGH SCHOOL
2017-2018**

**PARENTAL PERMISSION
ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL**

Medication will be stored properly in the "original" container under lock and key in the designated office. There shall be no liability for civil damages as a result of the administration of such medication when the person administering such medication acts as any reasonable person would have acted under the same or similar circumstances.

I HEREBY GRANT PERMISSION TO THE PRINCIPAL OR HIS/HER DESIGNEE TO ASSIST IN ADMINISTERING THE FOLLOWING MEDICATION TO MY CHILD.

Child's Name: _____

Name of Medication/Drug: _____

Dosage: _____ **Time:** _____

Please check if either statement applies to your child's medication:

_____ **This medication needs to go home each night.**

_____ **This medication must be kept refrigerated.**

Why is this medication necessary during the school day?

Parent/Guardian Signature: _____

Date: _____