

**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?**

  

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**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_