

MELBOURNE CENTRAL CATHOLIC HIGH SCHOOL

2018 - 2019

PARENTAL/GUARDIAN PERMISSION FORM FOR THE
ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Please Note: This form must be completely filled out and returned to the school before any medication can be administered. Each medication requires its own form.

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 circumstance.

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: _____ FREQUENCY: _____

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: _____

Best Phone Number to reach you? _____