



JESUIT HIGH SCHOOL

A COLLEGE PREPARATORY

Parent/Guardian Release for Medication in School

Instructions:

In order for a student to receive a prescription medication at school or during school related activities, the following criteria must be met:

- A new form must be completed each school year for each medication. A new form must also be completed whenever there is a change in the medication: name, form (tablet, capsule, liquid), dose (amount), or time given. If there are no changes, each form is good for one school year.
- Non-prescription medications **may not** be held for distribution.
- All medication must be in the original container and must have a current prescription label attached.

Please Print

Student Name: _____

DOB: _____ Grade: _____

Parent/Guardian: _____

Address: _____

Medication: _____

Dosage: _____ Time(s) : _____

Route: Oral Inhalation Injection Topical

How long will medication be required?

Note: Please plan to pick up unused medication. Unused and expired medications will be discarded at our discretion.

Ongoing Temporarily (If temporary, please include dates): _____

Special Instructions: _____

I, the undersigned, am the parent/legal guardian of the above named student, request and authorize the staff of Jesuit High School to store my child's medication at the school site. My son will administer his own medication when required, and I am not requesting school personnel to assist in the administration of my son's medication.

I understand that the responsibility for a student taking medications rests with the student and his parent/guardian.

Parent/Guardian Signature

Date