

Our Lady of Good Counsel School  
Medication Permission Request Form

Note to Parents/Guardians:

It is required by law that all students who require medication during school hours **must** do the following:

1. Present a written consent form signed by the parent and physician for all inhalers, prescription, and over-the-counter medications. (Antibiotics, Tylenol, Dimetapp, etc.)
2. Parent must bring all medications to school in the original prescription bottle, properly labeled by a registered pharmacist and over-the-counter medications in the original bottle. (Only Extra strength Tylenol, regular strength Tylenol, junior strength chewable Tylenol, and children's chewable Tylenol are on hand in the health office.)
3. If inhalers are to be carried by older students a form must be in the health office including a statement that the child has been instructed when/how to use the inhaler and if the child is to be seen afterwards by the nurse.
4. No medications will be given by teachers, chaperones, etc. on field trips, field days, etc.

Name of student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Known Allergies \_\_\_\_\_ No Medication to be given \_\_\_\_\_

To Be Completed by Physician

Name of medication \_\_\_\_\_

Specific time(s) and dose(s) to be given at school \_\_\_\_\_

Length of time \_\_\_\_\_

Are there any restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what and how long? \_\_\_\_\_

Printed Name of Physician \_\_\_\_\_

Signature of Physician \_\_\_\_\_

Date \_\_\_\_\_

To Be Completed by Parent or Legal Guardian

I, \_\_\_\_\_, give permission for my child to receive the above medication as directed.

Telephone \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_