



BISHOP CHATARD HIGH SCHOOL

A Faith Community. Learning. Leading. Serving.

STUDENT'S NAME _____ Birthdate _____

Name and Dosage of medication _____

Time to be given _____

Reason for taking the medication _____

What time does the student take this medication at home? _____

If medication is to be given "as needed" describe indications for administration and frequency of dose at school: _____

_____ The medication should be taken from _____ date to _____ date

_____ The medication is needed for the entire school year.

_____ Send the medication home with my student. (Initials required by law to send home)
(Initials)

_____ Date _____

Phone Numbers _____

****Permission valid for *current* school year only****

A physician's order is necessary for prescription medication that is not in the original container (i.e. samples given). ****Doctor's order must be on file for the student to carry an inhaler or Epi-Pen on his/her person. ****