# Bishop Chatard High School

*A Faith Community. Learning. Leading. Serving.*

## 2017-2018 BCHS Medical Permission for Over the Counter Medication

**NOTE:** BCHS is no longer able to provide your child with school purchased over the counter medications, such as Tylenol, ibuprofen, cold medicines, cough drops, etc. If your child has need of over the counter medication(s) during the school day we expect them to take the medication under the supervision of the school nurse. Please complete this form and bring with the medication(s) to the main office.

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

Child's Name: ________________________________________________ Birthdate: ________________

Medication(s)*: ________________________________ Dosage(s): ________________ Time(s) to be given: _______

Reason for taking the medication: ____________________________________________________________

What time does the student take this medication at home?: ______________________________________

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

______________________________________________________________________________________

______________________________________________________________________________________

☐ The medication should be taken from ________________ to ________________.
(Date) (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)

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

**Bishop Chatard High School is not responsible for ensuring that the above medication is taken and is relieved of responsibility for the benefits or consequences of the child/youth using or not using the medication described above.**

Parent/Guardian Signature: ________________________________________________ Date: ________________