



BISHOP CHATARD HIGH SCHOOL

A Faith Community. Learning. Leading. Serving.

2018-2019 BCCHS Medical Permission for Over the Counter Medication

NOTE: BCCHS 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: _____