CLEVELAND CENTRAL CATHOLIC HIGH SCHOOL

AUTHORIZATION TO ADMINISTER ***NON-PRESCRIPTION*** MEDICATION

1. **This form must be completed in order for your student to take any over the counter medication at school. (e.g. Advil, Motrin, Tylenol, Midol, etc.)**
2. **You must provide the medication, in its original container, to the school clinic. It will be locked in the medicine cabinet and then administered to your student when they need it. (headache, cramps, etc)**
3. **Medications MAY NOT be kept in lockers, purses, pockets, book bags, etc. ALL MEDICATION IS TO BE STORED AND LOCKED IN THE CLINIC.**
4. **Multiple medications may be listed BUT the proper medication bottle MUST accompany each one.**

STUDENT NAME____ **GRADE**______________

ADDRESS____

- **Medication name**____________________________________
- **Dose of medication**__________________________________
- **Time or interval to be used**___________________________
- **Begin date**__________ **End date**_______________

- **Medication name**____________________________________
- **Dose of medication**__________________________________
- **Time or interval to be used**___________________________
- **Begin date**__________ **End date**_______________

- **Medication name**____________________________________
- **Dose of medication**__________________________________
- **Time or interval to be used**___________________________
- **Begin date**__________ **End date**_______________

Physician printed name__________________________ **Physician signed name**_________________________

PLEASE REGARD MY SIGNATURE BELOW AS MY ASSURANCE THAT I RELEASE CLEVELAND CENTRAL CATHOLIC HIGH SCHOOL AND ANY OR ALL OF THE SCHOOL'S OFFICERS OR EMPLOYEES FROM ANY LIABILITY OR DAMAGES RESULTING FROM THE CONSEQUENCES OR ADVERSE REACTIONS OF OUR CHILD'S TAKING OR FAILING TO TAKE THIS MEDICATION AT THE TIMES PRESCRIBED.

Mom/guardian PRINTED name______________________________ **Cell/Emerg PH**____________________

Dad/guardian PRINTED name______________________________ **Cell/Emerg PH**____________________

Mom signature_______________________________________

Dad signature_______________________________________