



ST. CECILIA

CATHOLIC SCHOOL

ADMINISTRATION OF MEDICATION FORM (OVER THE COUNTER / NON-PRESCRIPTION)

Per St. Cecilia School policy, no medication may be administered at school unless this form is completed and signed by the student's parent/guardian. **This form will be kept on file and must be updated every school year.**

MEDICATION IS NOT PROVIDED BY THE SCHOOL AND SHOULD BE SENT TO THE OFFICE IN THE ORIGINAL CONTAINER LABELED WITH THE CHILD'S NAME ALONG WITH THIS FORM.

PLEASE NOTE THAT STUDENTS ARE NOT PERMITTED TO CARRY OR DISPENSE THEIR OWN MEDICATION.

Student's Name _____

- ☐ Tylenol/Acetaminophen Dosage: _____
- ☐ Motrin/Advil/Ibuprofen Dosage: _____
- ☐ Hydrocortisone Dosage: _____
- ☐ Cough Drops Dosage: _____
- ☐ Other Dosage: _____

Possible side effects: _____

I hereby request and give permission to St. Cecilia School and their staff members to administer any medication listed above to my child. I also understand that this request will expire at the end of the school year and a new form needs to be submitted at the beginning of the following year.

Parent/Guardian Signature: _____ Date: _____