



**Parent Agreement for  
Child to Carry Medications and Self-Medicare**

I give permission for my daughter \_\_\_\_\_  
to carry the doctor-prescribed medications described below. I will notify the school of changes  
in medication of my child's condition.

Name of Medication	Dose	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that my daughter is responsible for self-administering the medications and that  
Resurrection College Prep High School policy prohibits its employees from administering any  
medication to students.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_