

Dear Parents and Guardians,

We are pleased that your student will be attending Holy Family High School. If your child receives medication on a daily basis or will require as needed or emergency medication at school, or if the child self-carries their approved medication, whether it is over the counter or prescription, The Office of Catholic Schools requires that there be both a **Parent and Physician Authorization** on file at the school. These forms and medications need to be turned into the nurse before the beginning of the school year. Forms need to be renewed each school year. To expedite the process, please email these completed required forms to the nurse at [alicia.deherrera@holyfamilyhs.com](mailto:alicia.deherrera@holyfamilyhs.com).

Medications without the required completed Parent and Physician Authorization forms will not be accepted. Controlled medication must be counted and signed by a parent/legal guardian and the nurse or delegated staff member at drop off. Inhalers and EpiPens are the only medications that are permitted to be self-carried if this has been approved by a physician. All medication should be in their original pharmacy bottle or manufacturer packaging. Any unused medication will be returned to a parent/guardian at the end of the school year. *Please note, no medication will be administered without authorizations on file.*

**REMINDER: Even over the counter medications such as Tylenol/Ibuprofen, Cough drops, Allergy medication, etc. require a Physician Authorization as well as a Parent Authorization.**

During retreats/field trips, there will be a qualified person delegated by the school nurse who will administer any necessary medication to those with authorization forms on file. There are two forms necessary for your child. One is for the Parent to complete and the other is for the Physician. If there are multiple medications prescribed, a separate Physician form is needed for **each** medication. Below are the links to the required forms if medication is needed at school and/or during an overnight retreat:

[Parent Authorization Form](#)

[Physician Authorization Form](#)

**\*Please note that if your child does not require medication, no further action is needed and the medication forms do *not* need to be completed.**

If you have any questions or concerns, please contact the school nurse at [303-410-1411](tel:303-410-1411) or by email at [alicia.deherrera@holyfamilyhs.com](mailto:alicia.deherrera@holyfamilyhs.com)

Thank you,

Alicia DeHerrera RN, BSN (Holy Family School Nurse)

