



**100 YEARS**  
OF EDUCATING YOUNG WOMEN

## Parent Agreement for Child to Carry Medications and Self-Medicating

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

Name of Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

### FOR ASTHMA MEDICATION:

The prescription label (or copy of) must be attached and include

1. the name of the asthma medication,
2. the prescribed dosage,
3. the time or circumstances in which the medicine is to be administered.

**We also request that you submit/attach an asthma action plan for the student.**

I understand that my child is responsible for self-administering the medications and that Resurrection College Prep High School policy prohibits its employees from administering any medication to students in the normal discharge of their duties.

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

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