

**CENTRAL CATHOLIC HIGH SCHOOL
300 HAMPSHIRE STREET
LAWRENCE, MASSACHUSETTS**

**PARENT REQUEST FOR ADMINISTRATION OF MEDICATION DURING
SCHOOL HOURS**

Dear Parent or Guardian:

It is the policy of Central Catholic High School to administer medication during school hours only when necessary.

To protect your child and other students, this permission and information must be completed and returned to school if your child must receive **ANY** medication during the school day, this includes "over the counter" medications.

You or another responsible adult must bring the medication to school in the original pharmaceutically dispensed and properly labeled container.

Any change in the type or dosage of medication must be reported to the school immediately.

Karen Nigrelli, MSN, RN
School Nurse

**I HEREBY REQUEST THE SCHOOL NURSE OR OTHER DESIGNATED PERSON GIVE THE
FOLLOWING MEDICATION TO MY CHILD DURING SCHOOL HOURS.**

NAME OF STUDENT: _____

NAME OF MEDICATION (as shown on Pharmacy Label) _____

TIME MEDICATION IS TO BE ADMINISTERED: _____

DOSAGE OF MEDICATION: _____

DO YOU WANT YOUR CHILD TO CARRY AND/OR SELF-ADMINISTER HIS/HER OWN MEDICATION?
Yes _____ No _____ (Asthma inhalers and epi-pen only)

PRESCRIBING PHYSICIAN NAME: _____

ADDRESS: _____ TELEPHONE # _____

In Case of Emergency Please Notify:

NAME: _____

ADDRESS: _____ TELEPHONE # _____

DATE: _____

SIGNATURE OF PARENT OR GUARDIAN: _____