



MEDICATION CONSENT FORM

The Pennsylvania Department of Health has issued new guidelines concerning the dispensing of medication in school. In order to dispense any prescription or non-prescription drugs, La Salle College High School must have a permission form signed by a parent AND PHYSICIAN on file in the Nurse's Office.

Please check the appropriate lines below, sign and return to La Salle College High School c/o Nurse Office Your child will be given no medication without this signed form.

STUDENT'S NAME _____

The following medication may be dispensed during the 2024-2025 academic year:

_____ Acetaminophen for mild pain/headache

_____ Robitussin DM for cough

_____ Ibuprofen for mild pain/headache

_____ Cetirizine for allergies

_____ Tums for an upset stomach

_____ Sudafed for allergies

_____ Benadryl for allergies

_____ Other _____

Physician's Signature

Parent's Signature

PRESCRIPTION MEDICATION

Name of medication _____ Dosage _____

Time to be administered _____ Length of time given _____

Possible side effects _____

Date

Telephone

Physician's Signature

Date

Telephone

Parent's Signature

Please return to: La Salle College High School c/o Nurse Office **prior to the start of the school year.** Thank you.