CHRISTIAN BROTHERS HIGH SCHOOL

Medication Authorization Form

Student's Name Date

Name of medication & dosage: Grade

Route to be administered: ☐ by mouth ☐ inhalation ☐ topical ☐ injection

Time to be administered:

This medication is needed for

If medication is to be given as needed, please describe symptoms:

Discontinuation Date (if applicable):

It is helpful if medication is administered at home rather than at school whenever possible. If medication from home must be administered at school, parents are required to sign this medication authorization form and send the medication in its original, pharmacy-labeled container. Over-the-counter medication must be sent in the original packaging and unopened.

I understand that my child will be assisted in taking the medication(s) described above at school by the school nurse or authorized person(s) at the nurse's station. The undersigned agrees to release, indemnify, and hold harmless CBHS, its employees, or representatives from any claim, liability, or expense arising out of or in anyway connected with the giving or failure to give prescribed medication to my child. This release and indemnity agreement includes claims based on alleged negligence on the part of CBHS or its employees. In addition, I agree that it is my responsibility to inform the school, in writing, of any change in medication and/or its distribution to my child.

Parent's Name

Signature (indicates consent) _____

Street Address/ City/ Zip

Phone Numbers

Emergency Contact Name/ Phone

SUBMIT FORM