



BISHOP HEELAN HIGH SCHOOL

A LIFETIME ADVANTAGE

Authorization/Permission For Administration of Non-Prescription Medication

Student Name: _____ Birth Date: _____

Medications and health care procedures required during school which cannot be managed otherwise shall be administered **when the following is on file at the school:**

1. Parent signed, date authorization/permission given to administer the medication/procedure.
2. Medication to be supplied by the school in the **original packaging**
3. Other non-prescription medication not listed below must be supplied by the parent in the original packaging. Please put students name on the container.
4. Annual renewal of authorization/permission and/or immediate notification, in writing from the parent, and changes.

Medication/procedure shall be administered by qualified staff and a record maintained.
Medication will be stored in a secure area.

Please administer the following to the above named student:

Please circle one **Acetaminophen Tylenol (325 mg)** **Ibuprofen (200 mg)** **Antacid** **Other**

By Mouth	As Needed or Every	Hours
Route	Dose	Time Given at School
		Discontinue date/re-eval date

Reason for medication

Anticipated reaction/possible side effects

Parent Authorization/Permission

I request the above pupil be given the non-prescription medication while in school. I understand the law provides that there shall be no liability for civil damages as a result of the administration of the above medication where the person administering the medication acts as an ordinarily reasonable, prudent person would under the same similar circumstances.

Parent Signature

Date

Parent's Address

Cell Phone

Home Phone

Work Phone