



MORRIS CATHOLIC HIGH SCHOOL

2026 - 2027 MANDATORY MEDICATION FORM

All medication (prescription and OTC, including Tylenol and Advil) must be accompanied by written permission from both the parent and physician.

- Prescription medication(s) must be delivered to the nurse by the parent in the original container, labeled with the student's name, medication, dosage and physician's name.
- OTC Medication(s) must be delivered to the school by the parent in the original sealed container and labeled with the student's name.
- Written permission of the student's physician and parent/guardian are required, including the student's name, purpose of the medication, the time (or circumstance) at which the medication should be administered, and the length of time for which the medication is prescribed.

Only those medications which are medically necessary during school hours for a student's well being should be sent to school.

NOTE: THE FIRST DOSE OF ANY MEDICATION MAY *NOT* BE GIVEN AT SCHOOL.

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NAME OF STUDENT: _____ DOB: _____

NAME OF MEDICATION: _____

DOSAGE: _____

TIME TO BE GIVEN: _____

REASON FOR MEDICATION: _____

MEDICATION TO BE GIVEN FROM: _____ TO _____

DATE

DATE

HOW IT IS TAKEN: _____

EXAMPLE: BY MOUTH, INHALER, WITH FOOD, CRUSHED, ETC.

ADDITIONAL COMMENTS: _____

Parent's Signature/Date

Physician's Signature/Date

Telephone Number

Telephone Number

ADDITIONAL MEDICATIONS

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NAME OF MEDICATION: _____

DOSAGE: _____

TIME TO BE GIVEN: _____

REASON FOR MEDICATION: _____

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DATE DATE

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