



MEDICAL 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, Central Catholic High School must have a permission form signed by a parent on file in the Nurse's Office.

Please check the appropriate lines below, sign and return to Central Catholic High School. Legally, the school cannot dispense medication without this signed form. Please return this signed form to the school nurse.

STUDENT'S NAME: _____

Please indicate by way of a checkmark those OVER-THE-COUNTER medications that may be dispensed to your son:

_____ Acetaminophen (Tylenol) for a headache

_____ Ibuprofen (Advil)

_____ Antacid tablet for an upset stomach

_____ Benadryl for allergies

PARENT OR GUARDIAN'S SIGNATURE: _____

The following PRESCRIPTION MEDICATION (must have a *physician & parent* signature)

Name of medication: _____ Dosage: _____

Time to be administered: _____

Length of Time given: _____ Route: _____ Schedule: _____

Possible side effects: _____

Date Telephone Physician's Signature

Date Telephone Parent's Signature