



ANDREAN HIGH SCHOOL

CHRIST IS MY TEACHER

ANDREAN HIGH SCHOOL MEDICATION PERMISSION FORM

Andrean High School requires that all medication be kept in the nurse's office in the original container with the label intact. This form must be signed by the parent/guardian. For prescription medications, the form must be signed by the prescribing physician. Medication must be delivered to the school and picked up by the parent/guardian. Over the counter medications must be in the original labeled and unopened package.

Student name _____ Date of birth _____

Parent signature _____ Date _____

Medication _____ Dose and interval _____

Prescription Medication—must be in the original pharmacy labeled container. Physician signature is required for medication to be administered at school

Student name _____ Date of birth _____

Prescribed medication _____

Dose and time _____ Diagnosis _____

Physician Signature _____ Date _____

I agree that the school and/or school personnel will not be held liable in any regard to the administration of medication listed above.

Parent/Guardian signature _____ Date _____