**NOTE:** PLEASE FILL OUT **ONLY** IF YOU ARE A **NEW STUDENT** OR IF YOU HAVE **CHANGES** FROM THE PREVIOUS YEARS.

**Central Catholic Jr/Sr High School**

**Student Prescribed/Alternative Medication Permission Form**

Date received by school:

Student: Date of birth (age):

School Year: Graduation Year:

**OVER THE COUNTER MEDICATIONS**

The Central Catholic Front Office keeps the following medications on hand to dispense to students as needed. **Parent permission is required for us to dispense these medications.** **Note: This form will be effective for the entire duration of your child’s Central Catholic Career.** Please check the medications that may be given to your student as needed, and give your permission for dispensing by signing below:

❏ Extra­Strength Tylenol (generic)

❏ Advil (generic)

❏ Tums

❏ Pepto Bismol tablets

❏ Cough Drops

**Parent/Guardian Signature**: **Date** **:**

**PRESCRIPTION MEDICATIONS**

All **non­emergency prescription** medications must be dispensed by the Front Office and must be in their **original container**. Medicines may not be carried by students or kept in their lockers. Please provide the following information on your child’s Rx:

*Name of Medication:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Reason for Medication:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Dosage:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Start and end dates:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature**: **Date** **:**

**Emergency inhalers and epi­pens may be carried by students or kept in their lockers ONLY if an action plan has been filled out and signed by the physician, and turned in to the Front Office. Please see your child’s physician for their preferred action plan.**