Marian Central Catholic High School

Medication Authorization Form

It is our policy that (Rx) prescription and (OTC) over-the-counter medication should be administered in the home when at all possible. However, under certain circumstances, it is in the best interest of the student to take prescribed or OTC medication during the school day. In the case of the student needing a prescription medication during the school day, the doctor and the parent/guardian must provide authorization to the school office. In the case of the student needing an over-the-counter medication during the school day, the parent/guardian must provide authorization to the school office. The medication must be brought to the school office in the original container that includes all prescription or OTC information. The parent/guardian must assume responsibility for informing the school in writing of any change in the student's health or change in medication. The prescribed or OTC medication will be kept in the school office, and the student is responsible for coming to the school office to take the medication. The only medication that can be kept with the student is an inhaler used for the purposes of asthma related symptoms. Authorization for such medication must be on file in the school office. This Authorization is valid for the dates indicated or the end of the current school year.

Student: _____ Date of Birth: _____

Address: _____

Over the Counter Medication Authorization

Medication: _____

Dose: _____Time of Administration at School: _____

I hereby state that the information is above is accurate and give permission to Marian Central Catholic High School personnel to administer the medication identified to the above-named student.

Parent/Guardian Signature: _____ Date: _____

Phone Number: _____

Prescription Medication Authorization

Medication: _____

Dose: _____Time of Administration at School: _____

Duration (from date): _____to (date): _____

Reason for medication prescribed: _____

Possible Side Effects: _____

Physician's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____