

Diocese of Superior Medication Consent Form

Child's name: _____ Date of Birth: _____

Grade Level: _____ Teacher/catechist: _____

Parent(s) Names: _____

Home phone: _____ Cell: _____ Work: _____

In the event that your child becomes ill or needs medication provided while at school, at religious education, or participating in a parish/diocesan event, this consent form needs to be completed and signed by a parent. This includes all prescription medication and all over-the-counter products including pain reliever, cough syrup, cough drops, etc. **Absolutely no medication will be administered to a minor without written medication orders from a parent or physician.**

Prescription Medication: All prescribed medications need to be brought to the appropriate parish staff in a legible pharmacy labeled container with specific instructions for the correct dosage.

Over-the-Counter (OTC) Products: Parents must supply the child's over-the-counter products in their original manufacturer's packaging with ingredients and recommended therapeutic dose listed and with their child's name written on it. Minors cannot carry these on their person or in their backpack. These products must be turned into the school office or the religious education office for dispensing along with this completed medication consent form.

All unused prescription medication or OTC products must be picked up by the parent in the school or religious education office. Any medication or OTC products not picked up by the last day of school or religious education program will be disposed of by parish personnel.

Prescription Medications				Contact parent for the following reasons:
Medication Name	Dose	Frequency/Time	Duration	

Over-the-Counter Products – Dispensed as needed				Contact parent for the following reasons:
Medication Name	Dose	Frequency/Time	Duration	

Parent/Guardian Signature: _____ Date: _____

Parish staff receiving form & medication: _____