

MELBOURNE CENTRAL CATHOLIC HIGH SCHOOL  
2018 - 2019

PARENTAL/GUARDIAN PERMISSION FORM FOR THE  
ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

**Please Note: This form must be completely filled out and returned to the school before any medication can be administered. Each medication requires its own form.**

Medication will be stored properly in the "original" container under lock and key in the designated office. There shall be no liability for civil damages as a result of the administration of such medication when the person administering such medication acts as any reasonable person would have acted under the same or similar circumstance.

I HEREBY GRANT PERMISSION TO THE PRINCIPAL OR HIS/HER DESIGNEE TO ASSIST IN ADMINISTERING THE FOLLOWING MEDICATION TO MY CHILD.

CHILD'S NAME: \_\_\_\_\_

NAME OF MEDICATION/DRUG: \_\_\_\_\_

DOSAGE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

Please check if either statement applies to your child's medication:

\_\_\_\_\_ This medication needs to go home each night.

\_\_\_\_\_ This medication must be kept refrigerated.

Why is this medication necessary during the school day?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Best Phone Number to reach you? \_\_\_\_\_