

# ***Saint Mary's Catholic School***

## **Non-Prescription Medication Administration**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Homeroom Teacher: \_\_\_\_\_

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

Diagnosis or Reason for treatment: \_\_\_\_\_

Duration of treatment:

\_\_\_\_ Short-term for dates given - \_\_\_\_\_

\_\_\_\_ School Year - \_\_\_\_\_

\*Expiration Date: \_\_\_\_\_

\*Expires after the end of treatment: Yes / \*No - Contact me to replace prior to expiration

Form: Capsule \_\_\_ Tablet \_\_\_ Powder \_\_\_ Drops \_\_\_ Liquid \_\_\_ Spray \_\_\_  
Inhalant \_\_\_ Skin prep. \_\_\_ Cough Drop \_\_\_ Other \_\_\_\_\_

Dosage to be given: \_\_\_\_\_ Route: \_\_\_\_\_

Time of day to be given: \_\_\_ Any \_\_\_ Specific Time(s) \_\_\_\_\_

Frequency: \_\_\_ Daily \_\_\_ \*\*PRN (as needed)

\*\*This medication can be given for the following condition(s):

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

Possible reactions or side-effects: \_\_\_\_\_

### **Parental Consent**

I, \_\_\_\_\_ (name of parent/guardian),  
give my permission for \_\_\_\_\_ (name of student), to take  
the medication listed above, as instructed, while at St. Mary's School.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

***(All medication must be in the original container)***