



SAINT CHARLES
CATHOLIC SCHOOL

**Over-the-counter Medication Form for
Elementary Students (11 years old and younger)**

Families of students 11 years old or younger need to provide the health office with any over-the-counter medication they would like administered to their child along with the completed permission form below.

To be completed by Parent/Guardian

I request that my child, _____ (grade: _____, age _____), receive the over-the-counter medication as prescribed by our physician. **The medication is to be provided by the parent** as required by Board policy. I understand that St. Charles is rendering a service and does not assume any responsibility for this matter. I further understand that the school Health Aide or designated person will administer the medication.

Name of parent or Guardian: _____

Phone Number: _____ Date: _____

I request that my son/daughter receive the following medication:

Name of Student: _____ Diagnosis: _____

Prescribed dosage and means of administration: _____

Time to be taken during school hours: _____

Expected duration of treatment: _____ or as needed: _____

Possible side effects and adverse reactions: _____

Do you want to be contacted before medication is administered? Yes No

Signature: _____ Date: _____