



Department of Catholic Schools
Archdiocese of San Antonio
 2718 W. Woodlawn Ave
 San Antonio, Texas 78228
 (210) 734-2620 • Fax (210) 734-9112
www.sacatholicschools.org

MEDICATION PERMISSION REQUEST FORM

Please fax form to **Central Catholic High School** at fax number **(210) 227-9353**
School Name

According to the policies of the Archdiocese of San Antonio, students are not allowed to carry medication on their person, including non-prescription medications. (The only exception is that, by physician direction, a student may be allowed to carry and self-administer inhaler medication). The principal will designate a responsible person to supervise the storing and administration of medications at school. The medication may be administered by non-medical personnel. The school will be held harmless for adverse drug reactions and side effects of properly administered medication. The following steps must be taken before a student is allowed to take medication at school:

1. Parent/guardian must present this completed consent form to the school
2. Parent/guardian must bring the medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law. Medication may be given by school personnel provided that the prescribing health care provider completes this form.

Name of student: _____ Grade: _____

Date of Birth: _____ School: _____

TO BE COMPLETED BY HEALTH CARE PROVIDER

Medication #1	Name	Strength	Dose	Time (at school)	Route
Medication #2	Name	Strength	Dose	Time (at school)	Route
Medication #3	Name	Strength	Dose	Time (at school)	Route

Allergies: _____

Special Instructions: _____

Printed Name of Health Care Provider: _____ Signature of Health Care Provider: _____ Date: _____

TO BE COMPLETED BY PARENT

I, _____, request that my child be given the above medication as directed.
 Printed Name parent/guardian

Signature of Parent/guardian: _____ Date: _____

Telephone: (Home) _____ (Work) _____ (Mobile) _____