

# St. John Bosco Catholic School

## Parental Consent for Giving **Short-Term** Non-Prescription (OTC) Medications at School **(for 10 or Less School Days)**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

All medications must be delivered to the school by the parent/guardian in the original container and must be FDA approved. If you would like the medication to be available for longer than 10 school days, or if the medication is non FDA approved, such as homeopathic medication, a Long Term Consent form must be completed by a licensed Health Care Provider as well as the parent, and is available in the Health Office.

### The medication is to be given in the following manner:

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

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

I authorize St. John Bosco Catholic School to administer the medication according to the instructions listed above to the child listed above. I will assume full responsibility for the supply, appropriate transportation, and maintenance of above medication

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

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_