

Student Name _____ Grade _____

St. Rose Catholic School Medication Authorization Form 2022-2023

THIS FORM MUST BE COMPLETED AND SIGNED BY PARENT AND TURNED INTO THE SCHOOL BEFORE SRCS WILL STORE OR DISPENSE ANY MEDICATION FOR YOUR STUDENT.

PART I: I give permission for the school to administer as needed:

Acetaminophen (Tylenol) 2-500mg tablets	Yes	No	Orajel	Yes	No
Acetaminophen (Tylenol) 2-325mg tablets	Yes	No	Anti-Itch Cream	Yes	No
Ibuprofen (Advil/Motrin) 1-2 200mg tablets	Yes	No	Vaseline	Yes	No
Children's Tylenol (syrup) 1-2 tsp 160mg	Yes	No	Cough Drops	Yes	No
Children's Ibuprofen (syrup) 1-2 tsp 100mg	Yes	No	Tums 2-4 tablets	Yes	No
Children's Chewable 1-2 80mg each	Yes	No	Eye drops 2-4 drops	Yes	No
Triple Antibiotic Ointment	Yes	No			

Signature _____

Date _____

PART II: PERSONAL SUPPLY

I hereby request and give permission to the administrator or delegate to administer the following:

Name of item to be administered	Dosage	Time(s) of Dosage
---------------------------------	--------	-------------------

Parent Signature _____

Date _____

PART III: PRESCRIPTION

I hereby request and give permission to the administrator or delegate to administer the following prescription medication:

Rx Number	Pharmacy	Telephone Number of Pharmacy
-----------	----------	------------------------------

Parent Signature	Date	Dosage/Time of day
------------------	------	--------------------

Date of Dosage	Amount of Dosage	Time of Dosage	Signature of Personnel

Prescription medicine MUST be sent to school in the prescription bottle.

Student Name _____ Grade _____