

# St. Pius X School

## Non-Prescription Medication Consent Form

If it is absolutely necessary for your child to receive any type of non-prescription medication (anything over the counter) during the school day and you cannot be here to administer it, all items below must be completed and returned to the school nurse before any medication can be given.

The school is **NOT** responsible for providing any medications. It is the responsibility of the parents to send in the medication that your child needs in the original bottle.

**Student Name:** \_\_\_\_\_

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

**Dosage to be administered:** \_\_\_\_\_

**Time(s) when each dosage is to be administered:** \_\_\_\_\_

**Date the administration of the medication is to begin:** \_\_\_\_\_

**Date the administration of the medication is to end:** \_\_\_\_\_

I hereby request and give my permission for the school nurse (or in the absence of the nurse, the secretary, teacher, or administrator) to administer the above medication.

**Parent**  
**signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home**  
**Phone/Cell:** \_\_\_\_\_