



# SAINT PATRICK HIGH SCHOOL

Faith. Tradition. Brotherhood.

## Saint Patrick High School School Authorization for Over-the-Counter Medications

Saint Patrick High School's policy states that medication may be given to students only upon the written request of the student's physician and parent/guardian. Limited over the counter medications, in the indicated dosages below, will continue to be supplied by the school and can be administered to students who have provided us with written permission from their physician and parent/guardian.

This form must be completed and returned to the school nurse before medication can be administered. This form is good for the current school year only. A new form must be completed and signed each school year.

### TO BE COMPLETED BY THE STUDENT'S PHYSICIAN:

Student's Name \_\_\_\_\_

Diagnosis \_\_\_\_\_ Headache / Muscle Pain / Stomach Ache / Heartburn

The following over the counter medications are available in the health services office in the indicated dosages. Please check the appropriate line for the medication the student may receive as needed.

\_\_\_\_\_ Tylenol 500mg (2 tablets every 6 hours) \_\_\_\_\_ Ibuprofen 200mg (2 tablets every 4 hours)

\_\_\_\_\_ Antacid (2 tablets every 4 hours) \_\_\_\_\_ Tums (2 chewable tabs - 1 time only)

\_\_\_\_\_ Triple Antibiotic Cream (over cuts and scrapes)

Special instructions: \_\_\_\_\_

Other medications student is taking: \_\_\_\_\_

*Any medication not listed on this form, must have the self administration form completed and medication must be provided by the parent in original packaging.*

I request that the school nurse administer the above medication. Permission is also given for the nurse to contact the authorized prescriber as needed. I understand that in the nurse's absence, the student may be allowed to self-administer under staff supervision.

Saint Patrick High School, along with its employees, shall incur no liability (except for willful and wanton conduct) as a result of injury arising from the student's self administration of medication. The parent/guardian also indemnifies and holds harmless Saint Patrick High School and its employees against any claim (except a claim based upon willful and want on conduct).

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



Parent/guardian Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Saint Patrick High School - Fax Number 773.282.8573

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