



Incarnation Catholic School
45 Williamsburg Lane
Centerville, Ohio 45459
(937) 433-1051

AUTHORIZATION FOR MEDICATION

PERMISSION FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

***This form is REQUIRED for administration of
PRESCRIPTION and/or NON-PRESCRIPTION Medications***

The student listed below is under my care and is able to receive the following medication at school. Permission is given to the principal or school nurse or clinic volunteer to administer the following medication to the student named below:

Name of Student: _____

Name of Medication: _____

Dosage: _____ Time to be given: _____

Severe adverse reactions that should be reported to the physician:

Expiration date of this request: _____

Signature of Physician: _____ **Date:** _____

Physician's Phone Number: _____

Signature of Parent or Guardian: _____ **Date:** _____

- Both physician and parent signatures must be completed to administer medication at school.
This includes over the counter medications such as Acetaminophen and Ibuprofen.
- All medication must be in the original container, with prescription label if applicable.
- Students may not carry medication to or from school. Parents or guardians must bring medications to school.