

Authorization for Prescription Medication

And OTC Medication Not Kept

At Salpointe Catholic High School

School Year _____

ALL MEDICATION MUST BE IN ITS ORIGINAL, UNEXPIRED CONTAINER WITH ACCURATE LABEL. NARCOTICS WILL NOT BE GIVEN AT SCHOOL.

- Student's

Name: _____

- Student's Grade:

- Freshman
- Sophomore
- Junior
- Senior

I authorize Salpointe Catholic High School personnel to administer the following medication to my student per instructions listed on label:

- Medication

Name: _____

- Reason _____ for

Medication: _____

- Number _____ of _____ Doses provided: _____

Parent/Guardian

Signature _____

Person administering medication:

Date: _____ Name: _____ Signature _____
