



SAINT IGNATIUS

Cleveland • Jesuit • 1886

AUTHORIZATION TO SELF-ADMINISTER MEDICATION

Student name _____ Date of Birth _____

Students required to take prescribed and/or over-the-counter medications (OTC) during the school day or at an extended school event or on a school trip must follow these requirements:

1. A **Prescribed Medication Permission Form** must be completed and signed by the healthcare provider prescribing the medication and a parent/guardian. A separate form is required for each prescribed medication. The completed form(s) must be attached to this signed form.
2. All prescribed medications must be in the pharmacy labeled bottle.
3. If the student requires non-prescription medication, the **Over-the-Counter Medication Permission Form** must be completed by a parent/guardian and be attached to this signed form.
4. Non-prescribed medication (OTC) should be sent in the original bottle.
5. **No OTC medications will be provided by school employees, staff, or volunteers.**
6. **The parent/guardian will send only the amount of medication necessary for the duration of an event or trip.**
7. The **school nurse will store** any OTC or prescribed medications on campus for use during the school day. A designated employee will store any OTC or prescribed medications while on a school trip or extended school event.
8. **Students must self-administer all prescription medications in accordance with the timing, dosage, and method of administration instructions set forth in the prescription.**
9. **OTC medications must be self-administered by the student according to package directions and only for the symptoms listed on the package (for example, a student may self-administer antacid tablets for an upset stomach.)**
10. All forms must be completed and submitted prior to an event/field trip or the medication will not be given.

PARENTAL WAIVER-RELEASE FOR SELF-ADMINISTRATION OF MEDICATION

I acknowledge that my child, _____, will, and is authorized to, self-administer all designated prescribed and OTC medications as listed in the attached authorization forms according to the policy stated above. **It is understood that Saint Ignatius High School and its personnel, employees, agents and volunteers are released, waived, and discharged from any liability arising from, connected to, or associated or related in any way with the self-administration of such prescribed and OTC medications by my child.**

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Parents/Guardians - In the event you are uncomfortable with your child self-administering, alternative arrangements must be made on your end. In this scenario, please contact the school nurse or the appropriate school employee/moderator in charge of the school activity in advance of the date of the activity to make such alternative arrangements.