



# SAINT IGNATIUS

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## 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 Consent Form must be completed by a parent/guardian on Finalforms.
4. **The parent/guardian will send only the amount of medication necessary for the duration of an event or trip.**
5. **Students must self-administer all prescription medications in accordance with the timing, dosage, and method of administration instructions set forth in the prescription.**
6. **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.)**
7. 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 via email [nwoidke@ignatius.edu](mailto:nwoidke@ignatius.edu) or by phone 216-634-8818.