

**Dispensing of Medication Permit
Prescription or Non-Prescription
Diocese of Wheeling- Charleston**

I request that my child be administered the prescription or non-prescription listed below according to the designated guidelines:

Student's Name _____

Name of Medication _____

Dosage _____

Dosage Times _____

Duration _____

Possible Side Effects _____

1. A properly completed physician's statement must accompany this permit for prescribed medication.
2. The prescribed medication must be in the original container and have the affixed label including the student's name. Non-prescription medication must also be in the original container.
3. This record will be kept in the student's file.
4. A new permit needs to be signed for each new prescription.
5. At the discretion of the principal, the school may require that medication be kept by school personnel until the student needs to use it.

This releases and holds school personnel harmless from any and all liability for damages or injury resulting directly or indirectly from the presence of the medication in the school or its use by my child.

Parent/Guardian Signature _____

Date _____