

St. John Bosco Catholic School Medication Authorization

**THIS FORM IS FOR ANY PRESCRIPTION (SCRIPT) MEDICATION OR
OVER THE COUNTER (OTC) MEDICATION TO BE DISTRIBUTED AT SCHOOL**

All medication will be kept at the office (except for special arrangements for inhalers). Medication must be provided by the parent in its original container with the dosage information visible (OTC or prescription). A doctor must sign this form for prescription medication. This form must be on file in the office for school personnel to distribute medication. One form for each medication must be completed.

STUDENT NAME _____ GRADE _____

MEDICATION _____ SCRIPT OTC

ROUTE _____ DOSAGE _____ TIME GIVEN _____

START DATE _____ STOP DATE _____

ADDITIONAL INFORMATION OR INSTRUCTIONS _____

PARENT SIGNATURE _____ DATE _____

DOCTOR'S NAME (PLEASE PRINT) _____ DATE _____

DOCTOR SIGNATURE (required for Script only) _____

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