



SAINT XAVIER HIGH SCHOOL MEDICATION AUTHORIZATION FORM 2018-2019

STUDENT NAME: \_\_\_\_\_ I.D. # \_\_\_\_\_

Please allow my son to take the following medication(s):

| Medication | Dosage | Quantity |
|------------|--------|----------|
|            |        |          |

at \_\_\_\_\_ each day or \_\_\_\_\_ as needed.  
Time

This medication is necessary for \_\_\_\_\_ and should be administered  
Condition  
until dosage is completed or by \_\_\_\_\_.  
Date

Please contact me at \_\_\_\_\_ if you have any questions.  
Phone

*I agree to indemnify, hold harmless, waive and relinquish any and all claims I may have against Saint Xavier High School and its officers, agents, employees, representatives or volunteers arising out of, or in connection with, the distribution of my son's medication as directed by his doctor's or my instruction.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please note:** All prescription medications to be taken during the school day should be brought to Student Services accompanied by this form with a **parent** signature. This form explains the reason and the dosage to be taken and the length of time it should be administered. **The medicine must be in the original container with the student's and the doctor's name on the bottle.**

Over the counter medications (*this includes any seasonal allergy medication or cough drops*) should also be accompanied by the medication form. It must be in the original container with the student's name written on the package. All medications are kept in the nurse's office. Students **may not** carry any medication on them with the exception of **asthma or diabetes** medication or an **Epi Pen** as long as the signed parent/doctor form has been turned in. This is available at [saintx.com/forms](http://saintx.com/forms).

**For office use:**

\_\_\_\_\_  
Administered by

\_\_\_\_\_  
Date