



**Powers Catholic High School**  
**2020- 2021 Permission Form for Nonprescription Medications**

**Student's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Date form received by school:** \_\_\_\_\_

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**Name of Medication:** \_\_\_\_\_

**Reason(s) for Medication:** \_\_\_\_\_

**Form of Medication/Treatment: (circle)** Tablet   Liquid   Inhaler   Other

**Instructions (Schedule and Dose to be given at school):** \_\_\_\_\_

**Start Date:**   Date form received   or   Other date: \_\_\_\_\_

**Stop Date:**   End of School Year   or   Other date: \_\_\_\_\_

**Restrictions and/or important side effect:** \_\_\_\_\_

**Special Storage Requirements: (refrigerate, etc.)** \_\_\_\_\_

**The student is both capable and responsible for self-administering this medication:**

No                      Yes (Supervised)                      Yes (Unsupervised)

**This student may carry this medication:**   Yes   No

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**To be completed by Parent/Guardian:**

**I give permission for the above medication to be given by the designated Powers Catholic High School employee.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

\*This form is only valid for the current school year. A new form must be filled out every school year.