



**Permission to dispense medication**

*There are times when a student gets a headache or may not be feeling well, and desires medicine. In order for us to legally dispense medication, we need you to please fill out the permission slip below and return it with the other application forms.*

*If your child is ever taking a prescription medication and must take it during the school day, we request that you give a note and the medication to the child's teacher, so that students will not have the drugs in their possession. This is especially important for younger children, but for the sake of consistency the older students must do this also.*

Please choose A or B below, and fill out accordingly:

A) My child, \_\_\_\_\_, may **not** be given any medication for illness by the staff of St. Joseph's Academy.

**OR**

B) My child, \_\_\_\_\_, may be given aspirin / acetaminophen / ibuprofen (circle all that apply) for illness by the staff of St. Joseph's Academy.

The dosage should be as follows: (please indicate) \_\_\_\_\_

I understand that medication will be given at the discretion of the teacher/staff member who is approached by my child.

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*