



NOTRE DAME HIGH SCHOOL, INC.

Member of the Middle States Association of Colleges and Secondary Schools

Authorization for Medication during School Hours

My child, _____ must receive the following prescribed medication during school hours in order to maintain sufficient health to participate in school programs.

1. Name of medication: _____

2. Medication is to be

I. _____ Given as Directed _____

II. _____ Self-Administered (only *Inhalers & EpiPens*) _____

Students are "not" permitted to carry any prescribed or over the counter medication unless it is an *Inhaler* or *EpiPen*. All medications (short or long term use) have to be kept in the Nurse's office with a doctor's prescription or this form completed by physician.

Prescribed dosage _____

Time Schedule _____

Physician Phone _____

Physician name printed _____

Pharmacy _____

Medication Side Effects _____

Diagnosis _____

I do hereby release discharge, and hold harmless, Notre Dame High School, its agents and employees from any and all liability and claims whatsoever in connection with the administration of the above medication to my child.

Medication will not be sent on field trips unless specific arrangements have been made. The School Nurse does not accompany students on school trips. Please contact the Nurse or Main Office well before the trip. No medication will be administered without a completed form. Forms can be faxed to Notre Dame from the physician's office. Please fax: ATTENTION Nurse - 610-868-6710.

Signature Parent & Date
Source: Bethlehem Area School District

Signature Physician & Date