



DISPENSING OF MEDICATION REQUEST PRESCRIPTION or NON-PRESCRIPTION

Diocese of Wheeling-Charleston and
St. Joseph Central Catholic High School

I request that my child be administered the following prescription or non-prescription medication as listed below, according to the designated guidelines:

Student's Name: _____

Name of Medication: _____

Dosage: _____

Time(s) to be administered: _____

Duration: _____

Possible Side Effect(s): _____

1. A properly completed physician's statement must accompany this request for prescribed medication.
2. The prescribed medication **MUST** be in the original container and have the affixed label, including the student's name. Non-prescription medication must also be in the original container.
3. This record will be kept in the student's file.
4. A new request needs to be signed for each new prescription.
5. At the discretion of the Principal, the school may require that medication is kept by school personnel until the student needs to use it.

This releases and holds St. Joseph Central Catholic High School and its personnel harmless from any and all liability for damages or injury resulting directly or indirectly from the presence of the medication in the school or its use by my child.

Parent's/Guardian's Signature: _____ **Date:** _____