Diocese of Superior Medication Consent Form

Child's name:	ild's name: Date of Birth:				
Grade Level:	evel: Teacher/catechist:				
Parent(s) Names:					
Home phone:		Cell:	Work:		
participating in a parish, includes all prescription	/diocesan event, t medication and a	his consent form needs to II over-the-counter produ	ed while at school, at relig be completed and signed cts including pain reliever, nor without written medi	by a parent. This cough	
		nedications need to be brinstructions for the correc	ought to the appropriate part of the contract	parish staff in a <u>legible</u>	
manufacturer's packaging written on it. Minors can the school office or the form. All unused prescription	ng with ingredient annot carry these of religious education medication or OTO nedication or OTO	s and recommended there on their person or in their no office for dispensing aloo control of the products must be picked up by	over-the-counter product apeutic dose listed and wi backpack. These producting with this completed more than by the parent in the so the last day of school or in	th their child's name s must be turned into edication consent chool or religious	
	Prescrip	tion Medications			
Medication Name	Dose	Frequency/Time	Duration	Contact parent for the following reasons:	
L					
Over-the-Counter Products – Dispensed as needed				Contact parent for the	
Medication Name	Dose	Frequency/Time	Duration	following reasons:	
Parent/Guardian Signature:			Date:		
Parish staff receiving for	0 !!!!				