

**Cathedral High School**  
**Medication Permission Form**  
**School Year \_\_\_\_\_**

In order to protect the health and welfare of our students and school staff members, Indiana laws require that school personnel observe certain safeguards when administering medications to students. If a medication needs to be administered during school hours, the following procedures should be observed:

1. Parent/guardian permission is required. The form below may be used for this purpose.
2. Medication should be transported to and from school by the parent/guardian.
3. A current prescription (pharmacy label on original container) or written doctor's statement indicating that the medication is to be taken during school hours is required. Physician's orders may be scanned/emailed/mailed/faxed to the school.
4. All medication must be in its original container. The student's name should be clearly written on the non-prescription container or package.
5. Inhalers (for asthma), anaphylaxis medications (i.e. Epipens and diphenhydramine), and diabetes medications may be carried with the student and self-administered ONLY if a physician authorizes this in writing. An asthma, allergy, and/or diabetes plan should be on file in the nurse's office.
6. This request is in effect for one school year and must be renewed annually. Any changes must be communicated to the school nurse.

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Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dosage and instructions: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Additional information: \_\_\_\_\_

I request that the medication described above be administered to my student during the school day. I will give the nurse the medication in its original container or current prescription bottle. I understand that a parent/guardian should transport medication to school UNLESS my student's physician has authorized he/she to carry and self-administer his/her asthma inhaler, anaphylaxis medication (i.e. Epipen), or diabetes medication. I understand that this medication will be administered to my child only by the school nurse or trained authorized staff members and it will be kept in a secure location within the nurse's office.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_