



DuBois Area
Catholic School

P.O. Box 567, DuBois, PA



Central Catholic High School
Central Catholic Middle School
(814) 371-3060 Fax (814) 371-3215

Central Catholic Elementary School
Central Catholic Pre-School/Kindergarten
(814) 371-2570 Fax (814) 371-1551

PERMISSION TO TAKE MEDICATION

If your child requires medication of any kind, aspirin, cough medicine, a prescription drug, etc., this form must be filled out and signed before medication can be administered.

Medication to be taken at school must be in the original labeled bottle. This will be kept in the nurse's office.

STUDENT'S NAME _____ GRADE _____

NAME OF MEDICATION _____

DOSAGE _____ TIME TO BE ADMINISTERED _____

TERMINATION DATE FOR ADMINISTERING MEDICATION _____

PURPOSE OF TAKING MEDICATION _____

POSSIBLE SIDE EFFECTS _____

PROCEDURE TO FOLLOW IF REACTION OCCURS _____

EFFECT ON SCHOOL ACTIVITIES (Sports, Gym, Driver's Training) _____

PHYSICIAN'S SIGNATURE (required for prescription medication) _____

RELEASE OF RESPONSIBILITY:
I hereby release Central Catholic Middle School/High School and all its employees from any and all damages my child may suffer as a result of this request.
Signature of Parent/Guardian _____ Date _____
Signature of Headmaster _____ Date _____

I permit the release of the above information to my child's bus driver and/or other personnel responsible for my child.

Parent/Guardian Signature Date