

Dear Parents or Guardians,

Your child's health is an important factor in insuring an optimum learning experience. Below are listed some guidelines we will use during the school year regarding your child's health status.

Any medicine requiring a physician's prescription and sent to school will be dispensed by the school office and must be accompanied by the attached release statement to be kept on file. Any change in the amount of dosage or the time of administration should be submitted to the office in writing.

Non-prescription medicine must also be accompanied by the attached release statement authorizing school personnel to make the medication available to the child. Medication that is not accompanied by a signed note from the parent or guardian will not be administered.

All medications will be kept in the school office. No medicine will be kept in the school office from one year to the next. Children will be given the opportunity to pick up unused OTC medicine and inhalers at the end of the year. All prescription medications must be picked up by the parent or guardian at the end of the school year.

All children are required to have a completed health record on file with the school. It is necessary that the school be notified when immunizations are updated.

Also, for the well-being of your child, please keep the Emergency Card updated throughout the school year and keep the school aware of any recurring health problems your child may have.

If you have any questions or concerns regarding your child's health at school, do not hesitate to contact the school office.

Thank you,

Holy Spirit Catholic School Administration

**PLEASE BRING THIS FORM WITH THE MEDICATION**

## PARENTAL MEDICATION RELEASE STATEMENT FOR MEDICATION

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I hereby give permission for school staff to administer the medication I have provided to:

Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

I have enclosed specific written instructions for the administration of the provided medicine and will send the medication to school in an original container. I agree to notify the school **in writing** of any changes in amount to be dispensed or time of dispensing.

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

Time(s) to administer: \_\_\_\_\_

Dosage: \_\_\_\_\_

Start date:	
End date:	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_