



2026-27 STUDENT MEDICATION FORM

This form must be completed and signed by a parent or legal guardian. A new form is required for each school year.

All prescription medication must be labeled with prescription dosages and directions for administration. Students are not permitted to have any type of medication, prescription or non-prescription in their possession on school grounds or on a school bus.

I give my permission for my child upon his/her request to receive medication listed below during school hours. Check all that apply.

_____ Tylenol (acetaminophen)

_____ Advil (ibuprofen)

_____ Pepto Bismol

_____ Eye Drops

_____ Benadryl

_____ Other(specify)_____

Please Note: Medications are administered at school by school staff that may have no medical training. Medications will be given according to label or prescription directions.

For and in consideration of allowing said child to attend school in spite of his/her specific health problem, I hereby release, relieve and discharge Notre Dame and/or any of its agents or employees from any and all liability from any injury or damage to the health of said child arising out of, or resulting from the necessity of said child having to take medication during school hours. I realize that people without medical training may be giving medication to my child. I have read and agree to the school's regulations concerning giving medication to students.

Student Name			
Date of Birth		Grade	
Parent Name		Emergency Phone	
Parent Signature		Date	