St. Brigid School
Excellence Faith Community

Medication Authorization & Consent to Treat

2025-2026

Student Name: _____ Grade: _____ Date of Birth: _____

PRESCRIPTION & NONPRESCRIPTION MEDICATIONS NEEDED IN SCHOOL:

- All Prescription Medication sent to school MUST be in original packaging with pharmacy prescription label intact.
- This label MUST include the NAME, DOSAGE INSTRUCTIONS, DOCTORS NAME, and DATE.
- **All students with life-threatening medical conditions must have an annual doctor's order and parent permission on file for emergency medications.**
  For emergency asthma medications, an Asthma Action Care plan is required.
  For emergency allergy medications, a Food Allergy & Emergency Action Plan (FARE) is required.
  For emergency seizure medication, a Seizure Action Plan is required.
- If you wish to supply your own nonprescription medications at school, medication must be in original packaging with intact labeling.

NAME OF MEDICATION	DOSAGE	TIMES TO BE TAKEN	REASON FOR MEDICATION

Over-the-Counter Medications: Medications listed below will be administered and dosed based on child's weight and age.

- **Preschool - 6th grade students -** will receive a phone call prior to administration of any over-the-counter medications at school.
- **Grades 7th and 8th** - This form serves as permission to administer over the counter medications listed below as needed at school without phone call for approval. A note from the nurse will be sent home with your child confirming which medication was administered along with time and dose given.

MEDICATION	YES	NO	SPECIFY IF DIFFERENT FROM BOTTLE
Acetaminophen (Tylenol)			
Ibuprofen (Advil or Motrin)			
Diphenhydramine (Benadryl)			
Calcium Carbonate 500mg Chewable (TUMS)			
Ricola Cough Drops			

By signing below, I acknowledge and give permission for the following:

- The above-named student may receive care from the nurse's office at St. Brigid School by licensed school nursing personnel (Registered Nurse) or unlicensed trained school personnel in the event the registered nurse is unavailable. Any of the above medication information about my child may be shared with school personnel on a need-to-know basis for my child's ongoing safety and care at St. Brigid School.
- In the event of an emergency, serious accident or serious illness, school personnel will provide my child with emergency care as well as contact emergency medical services, when necessary. I request the school to contact me immediately after initiating emergency care. If the school is unable to reach me or the emergency contacts I've provided during enrollment, I hereby authorize the school to make necessary arrangements for the care and safety of my child.
- I understand that I may withdraw this consent at any time, in writing, to Mr. William Burke, principal at St. Brigid School. Withdrawal of consent will apply for the duration of the academic school year in which it was signed.
- **I understand this form must be updated prior to the beginning of each school year so that my child can remain in attendance.**

Parent/Guardian Signature _____Date_____