

Good Shepherd Catholic School
Frankfort, Kentucky



School Medication Parent Authorization Form (2023-2024)

Students Name _____

Grade _____ Teacher _____

Name of Medication: _____

Reason for Taking: _____

Dosage: _____

Frequency: _____

Side effects if any: _____

Treatment order in the event of an adverse reaction: _____

I _____ authorize the school personnel of Good Shepherd Catholic School the task of assisting my child in taking the above medication. I will notify the school if there are any changes with this medication. I shall indemnify and hold harmless the school, and the agents of the school against any claims that may arise relating to my child's medication.

Guardian: _____

I _____ give permission for my child _____ to be given Ibuprofen or acetaminophen by Good Shepherd Catholic School front office staff. They will not need to notify me first and will administer the prescribed dosage on the bottle according to the child's age.

Guardian Signature: _____