



Cardinal Ritter
Parent/Guardian Release for Administration of Medication
2021-2022

Last Name: _____ First Name: _____ Grade: _____

In order to promote safety and ensure appropriate communication with parents or guardians regarding medication administration, we request that parents or guardians complete a release form for medication administration.

All medications must be submitted in the original container and must be clearly labeled with the student's name.

Medication Allergies (please list all) <hr/> <hr/>

Please provide the information requested below for each medication that you authorize your child to take during the school day.

Over the Counter Medications Available in the Clinic:

Medication	Strength	Dose	In case of
Tylenol (Acetaminophen)	500mg	As Needed	Pain/Fever
Advil (Ibuprofen)	200mg	As Needed	Pain/Fever
Tums Antacid	500mg	As Needed	Upset Stomach

Prescription Medications

Medication	Strength	Dose	Time(s) (or PRN)	Date(s) (or PRN)
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I hereby give permission for Cardinal Ritter staff to oversee administration of the medication specified above for my child.

* ***I authorize Cardinal Ritter to share the information on this form and all information maintained in the student health file with all teachers and staff involved in the care of my child. I grant permission for my physician and the Principal, School Nurse or other designated Cardinal Ritter staff to share any and all health information relevant to the care of my child.***

Parent/Guardian Signature _____ Date: _____