

Appendix E

St. Simon the Apostle School
11019 Mueller Road
St. Louis, MO 63123
Phone: 842-0181 Fax: 849-6355

Nonprescription Medication Consent Form

_____ is authorized to take the following over-the-counter
(Child's Name)

medication (please list one (1) medication per sheet per child):

(Name of Medication)

(Dosage Amount)

(Special Instructions)

I authorize St. Simon the Apostle School to administer the above medication.

Strict supervision of the dispensing of all medicines is taken very seriously and will only be authorized with written permission from both the parent and the child's physician.

No student will be allowed to take medicines without a permission slip on file.

Students, who are authorized to take medication during the school day, must report to the Health Room to obtain the medication and consume it under adult supervision.

No medication will be dispensed unless it is in the original container.

It is the responsibility of each family to furnish all over-the-counter medications for each child's medical file. Example: One bottle of Tylenol cannot be used for a whole family.

Please refer to St. Simon the Apostle Family Handbook for a more detailed review of St. Simon the Apostle medication policy.

Parent/Guardian Signature

Date

Physician Signature

Date

