

Medication Permission Slip

St. Maximilian Kolbe HSYM Activity

Name of student _____

Name of parent/guardian granting permission _____

The adult chaperones will be storing and administering teens' medications with the exceptions of inhalers and Epipens for all the students. Students are not permitted to have over-the-counter or prescription medication on their person or in their belongings. All medications must be packaged in small amounts that are labeled with the child's name, drug name, dosage and directions. Medications for students will be collected, stored and administered by an adult chaperone.

List drug, dosage and time/frequency to be taken:

1. _____
2. _____
3. _____
4. _____
5. _____

Parent/Guardian Signature _____ Date _____

**STUDENT IS TO TURN IN THIS FORM ALONG WITH
MEDICATIONS TO CHAPERONE WHEN CHECKING IN**