



Holy Cross Regional Catholic School

2125 Langhorne Road
Lynchburg VA 24501-1449

A member of the Diocese of Richmond

Spes Unica

Important News Regarding Dispensing OVER-THE-COUNTER MEDICATION

During School Hours

In order for your child/ren to be given over-the-counter medication, we must have on file a written, signed permission note stating this. The only medication the school can supply is Tylenol (Regular Adult Strength). Any other medications must be supplied by the parents/guardians. WE WILL NOT GIVE OUT ANY MEDICATION UNLESS WE HAVE YOUR WRITTEN PERMISSION.

PLEASE FILL OUT THIS FORM AND RETURN IT TO THE MAIN OFFICE

PERMISSION FOR TAKING OVER-THE-COUNTER MEDICATIONS

Date _____

I, _____, give my permission for _____

Parent's Name Student's Name

to take _____, _____, at _____

name of medication dosage/amount time

to take _____, _____, at _____

name of medication dosage/amount time

to take _____, _____, at _____

name of medication dosage/amount time

to take _____, _____, at _____

name of medication dosage/amount time

I, _____, am giving my permission and sending in to the office a

Parent's Name

supply of _____ to be given to _____

name of medication Student's Name

according to the instructions given above.

Parental Signature _____

Date Signed _____



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Important News Regarding Dispensing PRESCRIPTION MEDICATION During School Hours

In order for your child/ren to be given prescription medication, we must have on file a written, signed permission note stating this. WE WILL NOT GIVE OUT ANY MEDICATION UNLESS WE HAVE YOUR WRITTEN PERMISSION.

PLEASE FILL OUT THIS FORM AND RETURN IT TO THE MAIN OFFICE

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PERMISSION FOR TAKING PRESCRIPTION MEDICATIONS

_____ Date

I, _____, give my permission for _____
Parent's Name Student's Name

to take _____, _____, at _____
name of medication dosage/amount time

to take _____, _____, at _____
name of medication dosage/amount time

to take _____, _____, at _____
name of medication dosage/amount time

to take _____, _____, at _____
name of medication dosage/amount time

I, _____, am giving my permission and sending in to the office a
Parent's Name

supply of _____ to be given to _____
name of medication Student's Name

according to the instructions given above.

_____ Parental Signature

_____ Date Signed