



2700 Morange Road | Pittsburgh, PA 15205

Medical Consent Form

The Pennsylvania Department of Health has issued new guidelines for the dispensing of medication in school. In order to dispense any prescription or non-prescription drugs, Bishop Canevin High School must have a permission form signed by a parent on file in the nurse's office.

Please check the appropriate lines below, sign and return to Bishop Canevin High School. Legally, the school cannot dispense medications without this signed form. Please return this form, signed, to the school nurse.

Student's Name: _____

Please indicate with a checkmark those OVER-THE COUNTER medications that may be dispensed to your child:

_____ Acetaminophen (Tylenol) for headache or pain

_____ Ibuprofen (Advil)

_____ Antacid tablet for an upset stomach

_____ Benadryl for allergies

Parent or Guardian's Signature: _____

Please note, with prescription medications, the Diocese of Pittsburgh asks for every attempt be made for these medications to be administered at home. If circumstances are extenuating or are emergent, feel free to complete the section below and Bishop Canevin will attempt to accommodate your request.

The following PRESCRIPTION MEDICATION (must have a physician and parent signature)

Name of medication: _____ Dosage: _____

Specific time to be administered: _____

Length of time given: _____ Route: _____ Schedule: _____

Possible side effects: _____

Date: _____ Telephone: _____ Physician Signature: _____

Date: _____ Telephone: _____ Parent Signature: _____