

CORPUS CHRISTI CATHOLIC SCHOOL
MEDICATION PERMISSION FORM

DATE _____

STUDENT NAME _____ Homeroom _____

Completion of this consent form gives the Corpus Christi school nurses written permission to administer medication to your child. Please be assured we will still call you to make you aware of your child's condition. We are asking that you please fill out a separate form for each student indicating whether or not you give permission for the administration of generic Tylenol and Advil. As per North Penn policy, children in PreK-6th grade may only receive generic Tylenol. If your PreK-6th grade child has a specific need at a certain point and needs to receive generic Advil, a note would need to be sent to school. The duration of the med can not exceed three weeks. We have also added cough drops to the permission form this year.

Maria Riccio and Beth Williamson
CCS School Nurses

My child may receive:

Acetaminophen (Tylenol) _____

Ibuprofen (Advil) _____

Parent/Guardian Signature _____ Date _____