

COLLEGIATE HIGH SCHOOL 2016 - 2017

**PERMISSION FOR STUDENT TO HAVE ESSENTIAL
MEDICATION ON HIS/HER PERSON**

I hereby certify that it is necessary for

_____ Full Name of Student – please print

_____ Student Identification Number (Office Use)

to carry with him/her the medication listed below during the school day, including when he/she is away from school property. I understand that such medication is for his/her use only and shall not be given to or shared with another student or other individual.

Name of Medication(s) _____	<input type="checkbox"/> Non-prescription
	<input type="checkbox"/> Prescription
_____	<input type="checkbox"/> Non-prescription
	<input type="checkbox"/> Prescription
_____	<input type="checkbox"/> Non-prescription
	<input type="checkbox"/> Prescription

Comments/Additional Information:

Emergency Telephone Numbers:

Mother/Guardian Home _____ Work _____ Cell _____

Father/Guardian Home _____ Work _____ Cell _____

Other Emergency Contact Name _____ Daytime Phone _____

Doctor's Name: _____ Telephone _____

I understand that if I no longer want to continue this arrangement or to add, change or delete any medications covered by this permission form, it is my responsibility to notify the school of such in writing. It is understood that the Collegiate High School is not required to provide this privilege to my child and therefore in consideration of the school's agreeing to such arrangements, I agree to hold the school's employees, representatives, and public health personnel free from any and all responsibility for the manner in which any medication is administered and to indemnify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them. The school is authorized to secure emergency medical services for my child whenever the need for such services is deemed to be necessary by the school.

Parent/Guardian Signature

Date