



A 1,500 year tradition in preparing young men for life

School Clinic

MEDICATION PERMISSION REQUEST FORM

Benedictine High School requires that all students who need medication during school hours must do the following:

- Present a written consent form signed by the Parent(s) or legal Guardian(s).
- Bring the medication in the original prescription bottle and properly labeled by a REGISTERED PHARMACIST AS PRESCRIBED BY LAW.
- This policy also includes "over-the-counter" medication.

Please print the following information:

Name of Student _____

Date of Birth _____

.....
TO BE COMPLETED BY A PHYSICIAN

Name of Medication _____

Time and dose to be given at school _____

Length of time to be given _____

Are there ANY restrictions YES NO

If YES, What and how long _____

Printed Name of physician _____

Signature of physician _____

Date _____

.....
Parent(s)/Guardian(s) Signature _____

Date _____ Phone Number _____

Benedictine High School • 2900 Martin Luther King Jr. Dr. • Cleveland, Ohio 44104-4898
Telephone: 216.421.2080 • Fax: 216.421.1100 • www.cbhs.net