



John Carroll High School
3402 Delaware Avenue, Fort Pierce, FL 34947-6116
*772-464-5200 phone 772-464-5233 fax

PLEASE PROVIDE A SEPARATE FORM FOR EACH PRESCRIPTION MEDICATION TO BE ADMINISTERED.
SUBMIT ONE FORM PER STUDENT. PLEASE REPRODUCE AS NECESSARY

A prescription medication order is effective August-May of each school year and must be renewed annually

NON-PRESCRIPTION MEDICATION PERMISSION FORM
FOR SCHOOL YEAR 2011-2012

Please indicate either YES or NO if it is your desire that the school give the following non-prescription, over-the-counter medications, as needed. Please note that this permission form must be signed by both the parent/legal guardian and the physician.

The school has my permission to give the following non-prescription medication(s), as necessary, to:

_____ in grade _____.
(Student Name)

Circle Yes or No

Yes/No Cough Drops: coughing, sore throat

Yes/No Orajel: mouth sores, toothache

Yes/No Ginger Ale: upset stomach

Yes/No Advil: pain, headache, or fever
Dose_____

Yes/No Calamine Lotion

Circle Yes or No

Yes/No Benadryl: allergic reaction
(bee sting/bug bite, food allergy)
Dose_____

Yes/No Cortisone cream: rash, bug bites

Yes/No Tylenol: pain, headache, or fever
Dose_____

Yes/No Neosporin cream

Parent/Guardian Signature: _____ Date: _____

Physician Signature: _____ Date: _____

SUBMIT ONE FORM PER STUDENT. PLEASE REPRODUCE AS NECESSARY.

A non-prescription medication order is effective _____.