



Holy Cross High School

Administration of Medication Form

Per school policy, no prescription medication may be administered at school unless this form is completed and signed by the student's parent and physician. This form will be kept on file and updated each school year.

Medication should be sent to the office in the original container labeled with the child's name along with this form. The form may also be faxed to the school office at 859-655-2184 or emailed to office@hchscov.com. Please note that students are not permitted to carry or dispense their own medication.

Student's Name _____

Medication to be Administered _____

Time(s) Student is to Receive the Medicine _____

Dosage/Instructions _____

Possible Side Effects _____

Expiration Date of this Request _____

Physician's Signature _____

Physician's Phone Number _____

I hereby request and give my permission to the Holy Cross staff to administer the medication listed above to my child.

Parent Signature _____ Date _____

Other notes/instructions: