

Sacred Heart School

115 Washington Street, Bath, PA 18014

(610) 837-6391 – Fax (610) 837-2469

Parental consent form for Medications Used 10 days or less (Antibiotics)

Standing orders for Northampton Area School District over-the-counter medications available in the school health offices during the school day.

Written approval for the following guidelines will be required from the parents of each student for each school year.

_____ at Sacred Heart of Jesus Parish School
Student's Name

Has my permission to take the medication listed below. The medication was
Prescribed by Dr. _____ for the purpose of

_____.

I give my permission for the school nurse/secretary to contact the physician/dentist if
necessary.

Name of Medication: _____

Dosage to be Given: _____

Time to be Given: _____

Beginning Date: _____ **Ending Date:** _____

Signature of Parent/Guardian _____

Date Signed: _____