

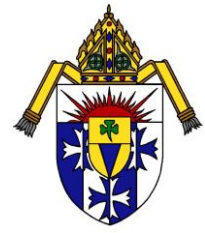


# Montana Catholic Schools

The Diocese of Helena & The Diocese of Great Falls-Billings

[www.diocesehelena.org](http://www.diocesehelena.org) ~ [www.dioceseofgfb.org](http://www.dioceseofgfb.org)

PO Box 4851 - Missoula, MT 59806



## MEDICATION/TREATMENT AUTHORIZATION FORM

### Over the Counter Medication

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### **The following section is to be completed by the parent or legal guardian:**

*I hereby grant permission to the principal or his/her designee to assist in the self-administration of the over-the-counter medication and/or treatment to my child while in school and away from school while participating in official school activities. It is my responsibility to notify the school if and when these orders change.*

Over the Counter Medication Authorized: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Instructions to assist with the self-administration by the student of the over the counter medication:

\_\_\_\_\_  
\_\_\_\_\_

Child's allergies: \_\_\_\_\_