



ARCHDIOCESE
of MILWAUKEE

NCYC Medical Consent Form

| |
|-------------------------|
| NAME OF STUDENT: |
| |
| Parish/School: |
| |

Medications: List all medications, prescription and over-the-counter, that the student currently takes at home and during the school day. Include all as-needed and emergency medications. Medications not authorized for self-carry must be in original container and given to the designated supervisor.

| MEDICATION: | DOSAGE: | ROUTE: HOW GIVEN: | FREQUENCY: | START DATE: | STOP DATE: | SIDE EFFECTS: |
|-------------|---------|-------------------|------------|-------------|------------|---------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |

MEDICAL PROVIDER CONSENT: REQUIRED FOR PRESCRIPTION MEDICATIONS LISTED ABOVE

I Authorize the School/Parish to Give the Above Prescription Medication(S) to this Student.

| | |
|-------------------------------------|---------------|
| PRINT MEDICAL PROVIDER NAME: | PHONE: |
| | |
| MEDICAL PROVIDER SIGNATURE: | DATE: |
| | |

Inhaler and Epi-Pen Only: This student and his/her parents have been instructed in self-administration and the student may carry an inhaler or Epi-Pen and self-administer. Yes No