

**WYOMING AREA CATHOLIC SCHOOL  
HOLY REDEEMER REGIONAL SCHOOL SYSTEM  
OF THE DIOCESE OF SCRANTON  
1690 WYOMING AVE.  
EXETER, PENNSYLVANIA 18643**

Dear Parent or Guardian:

This permission and information form must be completed and returned to school if your child must receive prescription/non-prescription medication during the school day.

In an effort to protect the safety and welfare of our students, effective immediately, students are no longer permitted to carry medications to school. If a student is to receive medication during school hours, **the medication must be delivered to school by the parent or designated adults.**

Prescription medication must be brought to school in their original containers, with the prescription labeled from a pharmacist or physician.

Non-prescription medication must be in the original container with the child's name, the dosage and the time the medication is to be administered.

All medication must be delivered to the school or the nurse's office.

Any change in type or dosage of medication must be reported to the school immediately.

(Ms.) Nicole Biago, RN, CSN  
School Nurse

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Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_

I give my permission for the school nurse or other designated school personnel to give the following prescribed/non-prescription medication to my child during school hours.

I hereby release Wyoming Area Catholic School and all its employees from any and all liability for damages our child may suffer as a result of this request.

\_\_\_\_\_  
Name and Number of Medication - as shown on the Label/Pharmacy/ or Name of Non-Prescription Medication.

\_\_\_\_\_  
Dose Time

\_\_\_\_\_  
Name and Address of Physician Prescribing Medication

\_\_\_\_\_  
Parent/Guardian's Signature Date