

Holy Trinity Catholic School
1304 Alpine Church Rd.
Comstock Park, MI 49321
PH: 784-0696

Parent permission for non-prescription medication

This form is only valid for 1 academic year.

The staff at Holy Trinity School has permission to give my child,

_____ (Name of Child)

_____ (Grade)

the following medication_____.

- amount to be given_____
- at the following times_____
- # of days_____

Parent signature_____ Date_____



Date received _____ Staff Initials_____

- Medication must be supplied in the original container.
- **PLEASE KEEP THIS FORM ON HAND AT HOME UNTIL NEEDED.**
- Additional copies of this form may be obtained from the school office.