

Saints Francis and Clare School Request For Administration Of Medication

The school's medication policy complies with state regulations. This form must be completed and signed by a physician or a licensed prescriber and/or parent/guardian and returned to the school office before any medication including over-the counter drugs can be administered at school. No medication of any kind is provided to students by the school even with a signed permit.

All medication must be in the original container with appropriate labeling and not expired. Prescription medications must, in addition, include the student's name, name of physician, pharmacy phone number, and specific directions for administration.

STUDENT'S NAME ST

MEDICATION NAME

DOSE WHEN TO GIVE

REASON FOR MEDICATION

OR HOW LONG IS MEDICATION TO BE GIVEN, Example: 10 days, 3 months, indefinitely F

STUDENTS MAY KEEP EMERGENCY MEDICATION (INHALERS, EPI-PENS) WITH THEM ONLY WITH THE SIGNED PERMISSION OF A PARENT AND THE ORDERING PHYSICIAN WHO AGREE THAT THE STUDENT IS TRAINED AND KNOWLEDGEABLE ABOUT HOW AND WHEN TO ADMINISTER IT TO HIM/HERSELF.

PHYSICIAN'S SIGNATURE DATE

Parental Authorization

I hereby give my permission for _____ to take the above named medication at school as ordered. I understand that it is my responsibility to furnish this medication. I also understand that any designated school employee who administers this medication to my child in accordance with written instructions from the prescribing health care provider and/or parent/guardian shall not be liable for damages as a result of an adverse drug reaction suffered by the pupil or because of a mislabeled or altered product.

I hereby authorize the exchange of information regarding this request with the above named physician and/or the pharmacy as identified on the affixed pharmacy label as necessary.

Parent/Guardian Signature Daytime Phone (s) DATE

