

REQUEST FOR IN-SCHOOL ADMINISTRATION OF MEDICATION

Note to Parents/Guardians and Physicians...

Our Lady of Perpetual Help Catholic School personnel/volunteers are not permitted to give medication of any kind (prescription and non-prescription) unless the student's parent/ guardian authorizes, in writing, that the medication is needed. The parent's/guardian's authorization must be accompanied by written physician authorization for prescription medication. This authorization form is provided for this purpose. Medication must be delivered to the school with the label intact. The label on prescription medication must include the student's name, date of expiration, and directions for use (i.e., dosage; when to consume, what, if anything to eat or drink when consuming).

If it is necessary that medication be administered while the student is at school, the following information must be provided:

NAME OF CHILD: _____ BIRTHDATE: _____
HEIGHT OF CHILD: _____ WEIGHT OF CHILD: _____
OTHER MEDICATION BEING TAKEN BY THE CHILD: _____

For prescription medications, the physician must complete this required information:

Name of medication: _____
Serial number of medication: _____
Strength of medication: _____
Reason medication is provided: _____

Are other medications contraindicated? _____

Form of medication to be given is circled below:

Tablet Pill Capsule Liquid Inhalation Injection

Other (specify): _____

How often or what time is medication to be given?

Potential reaction to medication: _____

Possible side effects:

Emergency treatment: _____

Storage instructions: _____

Date medication is to be discontinued: _____

Physician Signature Phone Number _____

Print Physician's Name _____

I consent to administration of medication indicated above and to be responsible for maintaining an adequate supply of medication at OLPH School to meet the child's needs.

Parent/Guardian Signature Home Phone _____

Print Parent/Guardian Name Work Phone _____