

# School of St. Philip

## Authorization to Administer Medication

Pupils requiring medications at school shall be identified by parents and/or physician to the school nurse and school personnel. No medication shall be given without the proper authorization forms completed by the parent. This is to insure the safety of the child receiving medication as well as all other children. This Policy has also been developed to protect the school personnel who may be required to administer medication.

I request that the school nurse or her designee see that my child \_\_\_\_\_,

Grade \_\_\_\_\_, receive the following medication.

Illness/condition requiring medication \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time(s) of day to be administered: \_\_\_\_\_

Duration (Number of Days) \_\_\_\_\_

Prescribing physician \_\_\_\_\_

Physician's Phone: \_\_\_\_\_ Parent's Phone \_\_\_\_\_

**EXTENDED USE MEDICATIONS REQUIRE A PHYSICIAN'S SIGNATURE.**

Parents shall provide all medications. Parents may request duplicate prescription bottles of said medication if it is necessary that it be given during the school hours. The important fact for you to remember is that no medication shall be given unless it is in the proper container. Prescription medication bottles shall contain the identification of the medication, name and telephone number of the pharmacy, the pupil's identification, name of physician and specific dosage instruction.

Non-prescription medications must also be in the original container and accompanied by the proper school permission form.

**MEDICATIONS MUST BE ACCOMPANIED BY PARENTAL PERMISSION ACCORDING TO STATE LAW PASSED IN 1987. PLEASE USE THIS FORM TO REQUEST MEDICATION. THIS IS MANDATORY TO PROTECT SCHOOL PERSONNEL FROM LIABILITY CLAIMS AND TO INSURE THAT YOUR CHILD IS ADMINISTERED ONLY THE MEDICATIONS REQUIRED TO INSURE GOOD HEALTH.**

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_