



PARENT/PHYSICIAN REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL. THIS FORM MUST BE COMPLETED FOR ANY PRESCRIPTION OR NON-PRESCRIPTION (OVER-THE-COUNTER) MEDICATION FOR EACH CHILD.

STUDENT _____ D.O.B. _____ GRADE _____

ADDRESS _____ ZIP _____ WEIGHT _____

**TO BE COMPLETED BY THE STUDENT'S PHYSICIAN
(FOR PRESCRIPTION AND NON-PRESCRIPTION MEDICATION)**

This student is under my care for (diagnosis): _____

and should receive (medication, dosage, route) _____

at the following time(s) _____, effective (date) _____

until (expiration date of this request) _____

Specific instructions for administration or storage: _____

Possible side effects: _____

Physician's name (please print) _____ Phone no. _____

Physician's signature _____ Date _____

Prescription medication must be in a clearly marked container from the pharmacist. The label must show the student's name, the dosage directions, the physician's name, and the prescription number. Non-prescription medication must be in the original container clearly identified with the student's name.

**TO BE COMPLETED BY THE PARENT/GUARDIAN
(FOR PRESCRIPTION AND NON-PRESCRIPTION MEDICATION)**

Pharmacy _____ Phone no. _____

I give my permission for the principal or her designee to administer the medication as prescribed above and further agree to the following:

1. Submit to school personnel a revised statement signed by the physician who prescribed the above medication when any change in the original physician's statement occurs.
2. Submit to school personnel a written statement when medication given on a daily basis has been discontinued.
3. Understand it is the primary responsibility of the student, not school personnel, to remember to take the medication.
4. Release St. Columban School and their designated personnel from any liability concerning the administration or non-administration of the prescribed medication to the student.

Signature of Parent/Guardian _____ Date _____

THIS PERMISSION IS NO LONGER VALID AT THE END OF THE SCHOOL YEAR AND MEDICATION WILL BE DISPOSED OF AT THAT TIME IF ARRANGEMENTS ARE NOT MADE TO PICK UP REMAINING MEDICATION.

*****Please refer to the student handbook if there are questions regarding the medication policy.
See explanation on next page***

Medication Policy

Whenever possible, medications should be administered at home. When medications must be administered during the school day, specific guidelines must be followed in accordance with state and Archdiocesan regulations in order to maintain the health and safety of your child while under our supervision.

- **Written authorization must be on file in the school nurse's office before any medication can be administered**—this includes prescription as well as non-prescription (over the counter) medications. The "Parent/Physician Request for the Administration of Medication" form must be completely filled out and signed by both the physician and the parent. **A FAXED COPY FROM THE PHYSICIAN MAY BE ACCEPTED WITH A REQUEST FOR A HARD COPY TO FOLLOW AS SOON AS POSSIBLE.** These forms are available from the school office or can be printed from the school web page.
- **A separate form must be completed for each medication. A new request form must be submitted each school year and as necessary for any changes in the medication order.**
- **Verbal instructions over the phone are not permitted for any reason.**
- **Parents must personally deliver all medication to the school nurse. Many of these drugs are controlled substances. We cannot be responsible for any medication sent in with a student.**
- **Prescription medication, including all refills, must be delivered in a clearly marked original container from a pharmacy. The pharmacist's label should contain the student's name, physician's name, date, name of medication, dosage, directions, time of administration, and the prescription number.**
- **Non-prescription medication must be in its original container with the student's name clearly marked on the bottle.**
- **It is the responsibility of the parent to provide all medication**—including Tylenol, Advil, Benedryl, etc.
- **It is the student's responsibility to show up on time in the nurse's office to take their medication.**
- **All medication is counted and secured in the school nurse's office according to existing state law.**
- **Medications will continue to be administered routinely on field trips unless specifically instructed otherwise by the parent/guardian.**
- **When any medication is discontinued, the parent must notify the school nurse of this change immediately, preferably in writing. Any medication not claimed within one week will be discarded.**
- **Students are not permitted to carry or administer their own medication. Exceptions include documentation by a physician of a serious medical condition, which necessitates immediate access to a particular medication (i.e. EpiPens); or an inhaler carried in a backpack with the proper paperwork in order. The school and its employees assume no responsibility regarding any abuse or misuse of medication authorized by a physician to be carried by a student.**
- **A "Self-Medication for Asthma Inhalers Authorization Form" must be completed by the physician and the parent/guardian and submitted to the school nurse if the student is to carry his own inhaler. Please consult with your physician regarding whether your child is ready for this responsibility.**
- **Cough drops may be brought to school and self-administered with a note from a parent/guardian. The teacher reserves the right to limit administration if use is excessive or inappropriate.**
- **Any student discovered during the school day with medication in their possession (that is not properly authorized) will face disciplinary action from the administration.**