

## St. Stanislaus Medication Administration Form – Prescription and Over-the-Counter

- Medications should be administered by a parent or guardian before or after school hours, when possible. Initial doses of a medication that a child has never taken before will NOT be given at school.
- In order to assure your child is receiving the proper medication and dosage, please fill out the form completely. **A separate form is required for each medication and child.**
- Prescription medications to be given at school must be accompanied by this form, a physician prescription, and must be in their original labeled container provided by the pharmacist who filled the prescription. This container must include the child's name, physician, dosage, and administration instructions.
- Non-prescription medications must be accompanied by this form and be in their original labeled container. It is suggested that all medications administered to your child be approved by his/her doctor. Over-the-counter items like Tylenol, ibuprofen, and Tums will not be given without a written order from the parent/guardian. If you believe your child will take one of these medications throughout the school year, please fill out this form for each medication and child.

Student's Name:	Date of Birth:	Grade:
Medication:	Dosage (Amount):	
Purpose:	Route: <input type="checkbox"/> By mouth <input type="checkbox"/> Other: _____	
Time of day to be given: _____ OR <input type="checkbox"/> as needed	Length of time to be given at school: <input type="checkbox"/> _____ <input type="checkbox"/> until end of current school year	
Note any special storage requirements for medication: <input type="checkbox"/> None <input type="checkbox"/> Refrigerate <input type="checkbox"/> Other If other, please specify.	Is student allergic to any foods, medicine, or other items? <input type="checkbox"/> No <input type="checkbox"/> Yes (List allergies)	
Name of physician/health care provider: Phone number of physician/health care provider:		

The following applies to items that may be used in the health room. Even if you do not plan to fill out this form for prescription or over-the-counter medications, please fill out this next section. If you are fine with all items listed being used if needed, please sign and date below with your child's name.

Please <b>CROSS OUT</b> any items that you <b>DO NOT</b> want to be used for/by your child:		
Hydrocortisone cream	Lubricating eye drops (single use vials)	Aloe
Rubbing alcohol	Hand lotion	Hand sanitizer
Peroxide	Petroleum jelly	Triple antibiotic ointment
Cough drops	Saline solution	Calamine spray

I give permission for my child \_\_\_\_\_ to be given the above medication. I give permission for the school nurse or school principal to contact the physician/health care provider named above, or the pharmacist who filled the prescription to discuss the medication and my child's health. I give permission for the physician/health care provider named above, the pharmacist, and/or their designated employees to provide information about this medication and my child's health to the school nurse or school administrator. I understand that I am responsible for notifying the school if my child's medication changes in any way. Each time there is a change in medication, dose, or time of administration, a new permission form must be completed as well as a new order submitted by the prescribing physician, dentist, or podiatrist.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Daytime Phone Number