

ST. ANN SCHOOL MEDICATION FORM

This medication form must be completed fully in order for staff to administer required medication. A new medication administration form must be completed at the beginning of each school year, for each medication and each time there is a change in dosage, or time of administration of a medication. Prescription medication must be in a container labeled by the pharmacist or provider. Over-the-counter medication must be in the original unopened container with the label intact. The provider will be called if a question arises about the student and their medication.

NONPRESCRIPTION SCHOOL MEDICATION

Name of student: _____

Name of medication: _____

Time to be given: _____

Dosage: _____

Reason for taking medication: _____

I authorize the above medication to be given as indicated to my son/daughter.

Date _____ **Parent/Guardian Signature** _____

PRESCRIPTION SCHOOL MEDICATION

_____ is to be given the following medication in school.

Name of medication: _____

Time to be given: _____

Dosage: _____

Reason medication is being prescribed: _____

Possible side effects: _____

I authorize the above medication to be given to my son/daughter as directed by his/her physician.

Date _____ **Parent/Guardian Signature** _____

I authorize my son/daughter to carry and use their prescribed inhaler:

_____ without supervision _____ with supervision

Date _____ **Parent/Guardian Signature** _____

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS

1. Please give your child needed medication at home if at all possible
2. It is recommended that the first full day's (24 hours) dose of any new medication be given at home. If unsure, follow the recommendation of health care prescriber about attending school during the first 24 hours.
3. If it is **ABSOLUTELY NECESSARY** for the student to take prescription, over-the counter or alternative medication at school or on field trips, this **School Medication Administration** form must be completed for each medication and submitted to the office staff/principal's designee prior to medication being given at school.
4. Medications will be administered by the office staff designee. In their absence, the principal Will designate a school system employee to assume this responsibility.
5. All medications must be labeled with the name of the medication, name of the student, name of the health care prescriber, date, and directions (e.g., specific time and dose) for administration. Prescription medication must be labeled by a registered pharmacist unless ordered directly from a pharmaceutical company.
6. When a student requires medication by an inhaler:
 - a. The health care prescriber must indicate on the school medication administration form if the student may carry the inhaler with him or her and whether the student can use the inhaler with or without supervision.