

ADMINISTRATION OF MEDICATION FORM

Today's Date _____

NAME OF STUDENT _____

DATE OF BIRTH _____ STUDENT DIAGNOSIS _____

MEDICATION _____

DOSAGE _____ TIME OF ADMINISTRATION _____

ROUTE OF ADMINISTRATION and INSTRUCTIONS _____

START DATE _____ END DATE _____

PHYSICIAN/NURSE PRACTICIONER/PHYSICIAN'S ASSISTANT/DENTIST (PRINT)

NAME _____ PHONE NUMBER _____

PHYSICIAN/NURSE PRACTICIONER/PHYSICIAN'S ASSISTANT/DENTIST

SIGNATURE _____ DATE _____

PARENT/LEGAL GUARDIAN: I hereby give permission for the school to administer the medication as prescribed above. I also give permission for the school to contact the above health care provider regarding administration of this medication.

SIGNATURE-PARENT/GUARDIAN

_____ DATE _____

HOME PHONE _____ WORK PHONE _____

GUIDELINES FOR PRESCRIBING MEDICATION TO BE ADMINISTERED TO STUDENTS DURING THE SCHOOL DAY

We welcome your support in providing services to our students. When prescribing medications for school age children, kindly consider the following requests and policies:

1. Whenever possible, avoid prescribing medication for administration during school hours, especially medications to be administered for a short period of time.
2. Schools are required to have appropriately labeled pharmacy/physician containers. These will be kept under lock and key in the school clinic.
3. Carrying of inhalers on the person is discouraged, unless ordered by the physician, as part of an Asthma Action Plan because such items are easily stolen, lost, or forgotten at home, leaving the student in a dilemma and possibly in a medical crisis.
4. Any change of prescription requires a new written order from the prescribing physician.
5. All Saint's Catholic School is readily accessible by FAX for quick communication (FAX 804-329-4201.)
6. Students are not allowed to transport medication on their person to and from school, or carry medication on their person at any time.

THANK YOU FOR HELPING US PROVIDE THE BEST POSSIBLE SERVICES FOR STUDENTS TAKING MEDICATIONS

