

St. Patrick Catholic School

Parent Permission Form For Medication

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Administration of medication is the responsibility of the parent/guardian unless it is absolutely essential to the well being of the student to receive medication during the school day. The following regulations must be observed when medication (prescription/non-prescription) is to be administered in the school:

1. You must sign this document as evidence of your consent to allow your child to use medication, and for the school to follow their written policy.
2. Medications, which may be administered by medical or trained non-medical school personnel or volunteer, include the following: oral and topical medications, eye, ear, and nose drops, inhalers, and Epi Pens®.
3. The medication must be received in school and stored in its original container, labeled with the student's name, name of the drug, directions concerning dosage, time of day to be taken, physician's name, and date of prescription. The parent may ask the pharmacist for an extra labeled container when buying the drug. Aerochambers should be in a resealable container (Ziploc® bag), labeled with student's name.
4. Under no circumstances, is the child to receive the first dose of any new medication at school.
5. No more than a 30-day supply of medication may be accepted.
6. A responsible adult must deliver and pick-up the medications in the school office.
7. Upon receipt, medication will be counted and documented on the Student Medication Record. Medication will be stored under lock and key when not in use.
8. The parent/guardian must provide a measuring device for liquid medication.
9. A Parent Notification Form will be sent home with student when a non-routine (as needed) medication is given. For routine (daily) medications, a Parent Notification Form will be sent home *only* if medication is not given or is given any other time other than 30 minutes prior or 30 minutes later than prescribed time.
10. When medication is discontinued or school year ends, pick-up all unused medications within one week. Unclaimed medications will be destroyed.

ALL STUDENT MEDICATION RECORDS WILL BE HANDLED IN A CONFIDENTIAL MANNER

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Consent: As legal parent or guardian, I hereby authorize:

(child's name) _____ to take the medication that I will provide, and that is listed below, and further authorize the school to store these medications according to school policies, and assist with administration of the medication as directed. I further agree to inform the school of any changes in the medication, including changes in when the medication is taken, changes in the dose, new or different medication, a reaction to the medication, or discontinuation of medication. I further understand that this consent applies to all medication, whether prescribed by a physician, or purchased over the counter without a prescription. I understand that this consent applies for this school year only, and next year I am required to sign another consent form.

Student's Full Name	Grade	Birth Date
Parent/Guardian Name	Emergency Phone Numbers (Day time/Cell)	
Physician's Name	Physician's Phone Number	
List your child's allergies		
List the conditions being treated		

Medication	Time of Day	Dose/Amount	Route/How Given	Duration/End Date	Refrigeration
					Y or N
					Y or N
					Y or N
					Y or N

Side effects (drowsiness, irritability, etc.): _____
 Is there anything else you would like us to know about your child and their medication?

Parent or Guardian Signature: _____ Date: _____