

Prescription

Medication Authorization Form

Student Name: _____

Grade: _____

Medication Allergies: _____

Parent Authorization

Policy for medication administration at school:

- Students may not carry any prescription medication on their person with the exception of an inhaler
- Complete signed and dated form by both physician and parent
- Medication must be in the original pharmacy or manufacturer's labeled container
- Label must contain: student name, name of medication, dose, direction for use and date
- Any changes require a new medication authorization form.

Inhalers for asthma- A student may carry a pharmacy labeled rescue inhaler with a parent authorization only. Sign below.

St Patrick Catholic School, its employees and agents, are to incur no liability, except willful and wanton conduct, as a result of any injury arising from self-administration of medication by the student.

Parent /guardian signature _____ Date _____

Physician Authorization

A physician must complete the following for all medications.

Medication: _____ Dose: _____

Frequency: _____

Medication: _____ Dose: _____

Frequency: _____

Physician Signature _____

Date: _____

stamp or contact information