

(Reverse side of Medication Permission Form)

IMPORTANT INFORMATION ABOUT ADMINISTERING MEDICATION TO YOUR STUDENT

If your child needs prescription medication administered to them while in school, or if you wish the health office to be able to dispense over-the-counter medications, please make sure that the form on the reverse side is properly and completely filled out and signed for the current school year. **A new form must be signed every year.**

All prescription medication must be in the original container as prepared and labeled by the pharmacist, including the date dispensed and date of expiration, patient's name, name of the medication, dosage, and time(s) to be dispensed. Tylenol, Advil, Mylanta, Benadryl, cough drops, and all other over-the-counter medications and ointments must be in the original packaging showing directions, dosages, compound contents, and proportions. All over-the-counter medications must be supplied to the health office by the parent. The medication you supply will be labeled with your child's name for use by your child only. **Stock supplies of any type of over-the-counter medications are not provided by the Diocese.**

Student misuse of self-administered medication can cause illness, side-effects, and/or seizure. For their safety, students **may not** have **any** prescription or over-the-counter medications in their possession **unless a signed physician's statement is presented indicating the necessity for a student to self-administer his/her medication.** Students found to have prescription or over-the-counter medications in their possession will face disciplinary action.

It is not a practice of the Diocese to buy and hand out cough drops to students. However, we understand that there may be special cases where students may need to have cough drops. If your child needs to have cough drops for a persistent cough, please bring in the cough drops to the nurses office with the student's name on it.

Medications cannot be dispensed unless the signed form and appropriate medications are in the health office. Please have the form in the school office no later than the first day of school. Thank you for your cooperation.

ST. MARY-BASHA CATHOLIC SCHOOL MEDICATION PERMISSION FORM 2017-2018

Permission to Dispense Medication at School

(See Reverse Side of form for School Policy Regarding Medication Administration)

Student Name: _____ Grade ____ Teacher _____

I (print name), _____, the parent/ legal guardian of the student listed above, give my permission for the health office to dispense the following medication(s) to him/her at St. Mary-Basha Catholic School:

Type(s) of Medication: _____

Diagnosis/Reason for giving: _____

Time to be given: _____ a.m. _____ p.m. As needed: _____

Parent or Guardian

Signature _____ Date _____

Emergency Telephone Numbers (please note if number is home, work, cell, etc., whose number it is (mom, dad, nanny, etc.) and list them in the order they should be called):

1. _____

2. _____

3. _____