



Saint Mary Star of the Sea

With God all things are possible~ Matthew 19:26

PARENT REQUEST AND PHYSICIAN ORDER FOR MEDICATION (Pre-K – 4th)

All medication that must be administered during school requires a doctor's order.

Student's Name _____ **Class** _____

(For use by licensed prescriber ONLY)

Medication _____
How supplied/strength _____ Dose to be given _____
Time to administer _____ If PRN, how frequently _____
Reason for medication _____
Special Instructions _____
Duration of order _____
Doctor's name _____ Doctor's phone number _____
Doctor's Signature _____ Date _____

Parent/Guardian Name (print) _____

I have read and understand the medication guidelines and agree to follow them. I understand that medication will not be given to my child unless this form is filled out completely. I give permission for the school nurse, or another staff member, in the absence of a nurse, to administer this medication. I release Saint Mary Star of the Sea School personnel from liability should a reaction result from this medication.

Parent/Guardian Signature _____ **Date** _____

- 1. Prescription medications must be in a pharmacy dispensed container** – labeled with the child's name, medication, dosage, date prescribed and any special directions. Most pharmacies will provide a separate bottle for school use, if requested.
- 2. Inhalers must be sent in a labeled pharmacy box.** Please check expiration dates.
- 3. Tylenol, Motrin and other over the counter medications must be handled in the same manner as prescribed medications. Medication must be in unopened, original medication containers.**