



Saint Mary Star of the Sea

With God all things are possible~ Matthew 19:26

PARENT REQUEST AND PHYSICIAN ORDER FOR MEDICATION

(Grades 5th – 8th)

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 _____

For inhalers only: This student is both capable and responsible for self administering this medicine:

YES UNSUPERVISED _____ **YES with SUPERVISION** _____ **NO** _____

This student has permission to carry this inhaler in school: **YES** _____ **NO** _____

Doctor's name _____ Doctor's phone number _____

Doctor's Signature _____ Date _____

Parent/Guardian Name (print) _____

****I give permission for my child to carry and use this medicine (inhalers only) on their own:**

YES _____ **NO** _____

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. 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 (free of charge), 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. They must be in the original, unopened medication container.**