

(SEE OTHER SIDE)

Authorization to Receive Medication at School

In order for a student to carry and administer an Asthma Inhaler, an Epi Pen, Twinject or Insulin in school/ class trips, the Authorization for Self Administration Form (found on the back of this form) must be signed by the physician. These are the only medications a student can carry/administer in school or class trip.

If under exceptional circumstances, your child is required to take any prescription or non-prescription medication during school hours, *only* the school nurse will administer the medication.

All medication must be in the original prescription container, properly labeled and this form must be completed by the physician and match the medication on the medicine container. We will not accept any medication nor will any medication be administered until this is done.

The physician and the parent/guardian must sign this form. **No medication is to be transported by the student.** The parent/guardian must give the medication to the school nurse or the school office. *The nurse is not authorized to dispense Tylenol or any over the counter medicine without written authorization from both the physician and the parent.* This is not only a diocesan policy, but also a state policy. Thank you for your cooperation.

Student's Name _____ Grade _____ Date _____

Diagnosis _____

Medication _____ **EXACT DOSAGE _____
*(PARENTS: PLEASE CHECK **DOSAGE** PRESCRIBED BY PHYSICIAN WITH MEDICATION YOU PROVIDED TO SCHOOL NURSE.)*

Frequency _____ Time to be given _____ Termination Date _____

Side Effects/Cautions _____

**Physician's Signature _____ Phone # _____

I assume responsibility for informing the school nurse of any changes in my child's health or change in medication. I give permission to the school nurse to administer the above medication noted. I will be notified if the nurse is unable to administer the medication.

If I wish my child to carry and administer an Asthma Inhaler, an Epi Pen, Twinject or Insulin in school or class trips, I will provide an Authorization for Self Administration form signed by the physician and parent. These are the only medications my child can carry/administer on their own in school or class trip.

I understand NO medication will be administered without the correct medication, correct dosage and complete medication orders signed by the physician.

**Parent's Signature _____ Date _____

Home Phone _____ Work Phone _____ Cell _____

(SEE OTHER SIDE)

**Authorization for Self Medication
of Epi Pen/Twinject Insulin or Asthma Medication**

This form and the Authorization to Receive Medication in school needs to signed if the student will carry and administer medications for asthma, an Epi Pen, a Twinject, or insulin in school/class trip.

_____ has been instructed and is
capable of self administering _____.

I request that he/she self administer this medication as I have ordered on
the attached Authorization to Receive Medication form.

Physician's Signature

Date

I request that my child self administer this medication when in school/class trip.
As parent/guardian, I acknowledge that the district and/or school employees
there in shall not be held liable for any injury arising from the self administration
of medication by this student.

Parent Signature

Date