

St. Mary's School
Medication Form
2017/2018

Dear Parents:

No medication shall be administered to a student without the written and dated consent of the student's parent. The consent of the parent shall be valid only for the period specified on the consent form and in no case longer than the current school or program year. All nonprescription medicine to be administered to a student must be accompanied by a statement describing the medicine, the dosage, and the time for it to be administered to the student. All prescription medicine, including injectable medicine, and all blood glucose tests by finger prick to be administered to a student must be accompanied by a physician's prescription, a copy of the original prescription, or the pharmacy label.

No student shall be allowed to keep medicine at school. Any medicine to be administered to a student shall be brought to the school office immediately on arrival where it will be kept in a secure place.

Unused medicine may be sent home with the student only with the written permission of the student's parent.

Medication shall be administered in accordance with the parent's statement (in the case of nonprescription medicine) or the physician's order. All administration of medicine shall be documented in writing.

Any prescription medication for a student must be delivered to the school office by a parent or guardian. Students are not to transport prescription medicine by bus.

Non prescription medicine may be transported to school by a student; however, the medication should be kept in the student's pocket, bookbag, purse or lunchbox until delivered to the school's office.

Please fill in the form below and return to school:

NOTICE: PARENTS MUST PROVIDE ALL MEDICATION.

Name of child/children _____ Grade _____
_____ Grade _____
_____ Grade _____

Permission to administer prescription medication. YES _____ NO _____

*You can provide dosage and the time for it to be administered, when you send medicine into the school office.

Permission to administer non-prescription medication. YES _____ NO _____

If you answer yes to this question, please state the type and dosage of non-prescription medication you want given to your child/children and the reason for the medication.

Type of Medication	Dosage	Reason for medication
_____	_____	_____
_____	_____	_____
_____	_____	_____

You must provide all medicine for your child. Please send medicine to school – we will mark it with your child's name and administer it according to the instructions above.

First-aid Cream may be applied to minor cuts. YES _____ NO _____

Calamine Lotion may be applied for poison ivy YES _____ NO _____

Parent's Signature _____

Additional Comments: