

St. Peter Catholic School
Medication Administration Authorization

If your child has a medical condition that frequently requires medication (including headaches, pain, or cramps), please provide the school with any medication that you wish for them to use during the school year. The medication authorization below must be completed prior to dispensing all medication.

DRUG/MEDICATION ADMINISTRATION

LSP 5520

- A. All medication must be kept in the school office. Students, therefore, are not to keep or carry medication (including aspirin and/or cough drops) on their person unless directed to by a physician. All medication, prescription and non-prescription, is to be sent to the school office in a plastic Ziploc bag with the student's name on it.
- B. If medication is needed at school, please come into the School Office; a form will need to be filled out (prescription and non-prescription medication) and signed in order for school personnel/volunteers to administer the medication. Prescription medicine must have a pharmaceutical label with physician's directions to be accepted at school. Your pharmacist can give you an extra bottle to be used for the medication sent to school. Your doctor may be able to schedule all doses of medication to be taken at home.
- C. Do not send more than one week's supply of medicine at one time.
- D. Students with chronic or specific problems requiring medication for emergency situations should have their medication properly labeled as listed above. Specific written instructions must be provided as to when and under what circumstances medication is to be given. This information must be provided and signed annually by the student's doctor.
- E. Medication will be properly disposed of if it is left at school for more than two weeks. (Exception #4 above.)
- F. Indicate if medication is to be refrigerated.

Upon request and without contacting a parent/guardian, I request the designated staff member of St. Peter Catholic School to dispense the following medication.

Name of Student: _____ Grade: _____

Please check all that you are giving permission for the student to be given without consulting with parent/guardian:

- ___ Ibuprofen (generic of Advil)
- ___ Acetaminophen (generic of Tylenol)
- ___ Diphenhydramine (generic of Benedryl)
- ___ Antacid (generic of Tums)
- ___ Antiseptic Spray (Bactine)
- ___ Itch Relief Cream
- ___ Cough Drops

The school will assist students who have minor accidents or ailments, by using ordinary external supplies such as bandages, adhesive tape, cold packs, etc. If you do not wish any of these supplies be used for your child, please explain.

Any other medications

Name of Medication: _____

For treatment of: _____

Exact Dosage: _____

Date to begin: _____ Date to End: _____

Time to be Dispensed: _____

Parent Signature: _____ Date: _____