

St. Vincent – St. Mary High School

PERMISSION TO ADMINISTER MEDICATION AT SCHOOL

Name of Student Date of Birth

Street Address City, State, Zip Code

To be completed by Physician:

Name of medication Dosage

Number of Times/Intervals to be given (during school hours)

___ Tablet/Capsule ___ Liquid ___ Inhaler ___ Nebulizer ___ Other: _____

Special Instructions for Administration of Medication

Reaction(s) and/or possible side effects to be reported to physician

Date to Start Medication _____ Date to Stop Medication _____

This medication can be safely administered by a non-medical professional. ___ Yes ___ No

Date Physician's Signature

To be completed by Parent/Guardian:

In consideration of my child being administered the above specified medication at my request, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection therewith, and further release the Diocese of Cleveland, the Bishop of The Roman Catholic Diocese of Cleveland, St. Vincent-St. Mary High School, St. Vincent Parish, employees and volunteers; additionally P.S.I. and any P.S.I officers or employees from all claims, judgments, liability for any injury or damage due to the designated administration of said medication to my child.

Date Parent or Guardian Signature

St. Vincent - St. Mary High School

15 N. Maple Street • Akron, Ohio 44303

330.253.9113 • fax 330.996.0020

www.stvm.com

Dear Parents:

To protect your child's safety, the School Nurse and/or Health Aide will adhere to the following medication policy. Beginning August 1996 it was required that **BOTH parent AND physician's** signatures are on file before any prescription **OR** non-prescription medication is administered. This refers to **ALL** medications, including such products as Tylenol, Motrin, Dimetapp, etc.

Although this may cause some inconvenience, we feel that this policy is best for the continued protection of your child and must be followed. **If we do not have your written permission and the written permission of your physician, the medication will not be given.** Permission forms are attached or may be obtained by contacting your School Nurse or Health Aide.

Please follow these instructions carefully:

- Obtain written request from Physician and Parent/Guardian. One separate form for each medication is required. Forms may be copied if you need more than one.
- The medication must be in the original container and have a fixed label that indicates the student's name, name of medication, dosage, method of administration, and time of administration.
- Medication must be immediately given to a staff member. No medication is to be carried throughout the school building.
- ALL controlled substances must be brought into the building by the parent/guardian and must be accompanied by signed permission forms.
- If your child is taken off medication or will no longer receive it at school, a written request to change or discontinue administration is required. Please make sure you sign and date your request.
- You may be asked to provide a photo of your child to attach to permission form.
- You will need to provide new forms each school year as ALL forms expire at the end of each school year.

For your convenience, forms may be mailed or faxed. Please mark: Attention School Clinic.

If you have any further questions or require any assistance, do not hesitate to call me. I can be reached at (330) 253-9113 ext:133, Monday – Friday from 9:30 a.m. until 2:30 p.m.

Thank you for your cooperation,