

St. Teresa of Avila School – 2010-2011 School Year
ADMINISTRATION OF MEDICATION AT SCHOOL

[any medication including over-the-counter]

School policy requires consent of parent/legal guardian plus an order by the child's physician before medication can be given to a student by school personnel. The following information is necessary in order to comply with this policy.

ALL ITEMS MUST BE COMPLETED IN FULL

(Please return completed form to the school office.)

Student Name _____ DOB _____ Grade _____ Homeroom _____

Address _____ Phone # _____

TO BE COMPLETED BY THE PHYSICIAN:

The above mentioned student is under my care and should receive:

_____ at _____
Name of Drug _____ Dosage & Route _____ designated time(s)

Effective Date: _____ Expiration date of this request: _____

Other instructions for administration and/or storage: _____

Possible side effects: _____

FOR INHALERS: Medication may be carried by student [] Yes [] No

Adverse reactions for unauthorized user: _____

Procedure if inhaler does not produce desired relief: _____

Physician's Name: _____ Phone #: _____ Fax #: _____

Physician's Signature: _____ Date: _____

THE MEDICINE MUST BE IN THE ORIGINAL CONTAINER FROM THE PHARMACIST.

THE LABEL MUST SHOW THE STUDENT'S NAME, DOSAGE DIRECTIONS, DOCTOR'S NAME, AND RX NUMBER (IF THERE IS ONE)

TO BE COMPLETED BY THE PARENT/GUARDIAN

I give my permission for the principal or his/her designee to administer the medication prescribed above and further agree to the following:

1. Submit to school personnel a revised statement, signed by the physician who prescribed the above medication, when any change in the original physician's statement occurs.
2. Submit to school personnel, a written statement when medication given on a daily basis has been discontinued.
3. Understand that it is the student's primary responsibility, not school personnel, to remember to take the medication.
4. Release Saint Teresa of Avila School and their designated personnel from any liability concerning the administration or non-administration of the prescribed medication to the student.
5. I accept responsibility and liability for instruction in the use and care of an inhaler and/or Epi-pen that will be carried and self-administered by my child. [Summary of Inhaler Law: This law permits a student to carry asthma inhalers with the consent of the student's physician and parent. In addition, the bill would grant immunity to school districts, community schools, and chartered non-public school, and their employees, for good faith actions in connection with this permission.]

Parent/Guardian Signature _____ Date _____

THIS PERMISSION IS NO LONGER VALID AT THE END OF THE 2009-2010 SCHOOL YEAR.
A NEW FORM IS REQUIRED FOR THE 2010-2011 SCHOOL YEAR.