

Date received: _____

ST. MARIA GORETTI SCHOOL
PERMISSION FOR PRESCRIPTION MEDICATION
2008-2009

The form below must be read, filled out and signed by a Parent/guardian and Physician for the school nurse, volunteer school nurse, or staff member to administer medication to your student. (IC 34-30-14-3)

1. The school must have on record a written order from the prescribing physician/practitioner that is also signed by the parent/guardian giving consent for prescription medication.
2. Medications prescribed must be kept in the original container with the pharmacy label affixed. The label must include the following:
 - Student's Name
 - Name of medication
 - Dosage
 - Prescribing physician
 - Expiration Date
3. Medication brought to the school must be kept in the nurse's office in a locked cabinet. Exceptions to this MUST be cleared with the nurse per SMG policy and meet the requirements set forth in IC 8.1-5.1-7.5.
4. The nurse must be aware of the purpose for which the student is receiving the medication.
5. A parent must pick up any remaining medication that may be left after the course of treatment or at the end of the school year. No medication will be sent home with a student.

Student: _____ Date of birth: _____

Grade: _____ Teacher: _____

TO BE COMPLETED BY STUDENT'S PHYSICIAN/PRACTITIONER

Name of medication: _____

Dosage amount: _____ Frequency: _____

Reason for medication: _____

Times or frequency dosage to be given at school: _____

For episodic or emergency events _____ (If checked, appropriate Action Plan must be filled out and signed by parents and physician)
(Inhaler, EpiPen)

Start date: _____ Stop date: _____

Restrictions and/or important side effects: _____

Please indicate if you have provided additional information, either:
() On back of this form () As an attachment.

M.D. SIGNATURE: _____ DATE: _____

Printed	
Physician Name: _____	
Address: _____	
Phone: () _____	Date: _____

TO BE COMPLETED BY PARENT/GUARDIAN:	
I give permission for (name of child) _____ to receive the above medication at St. Maria Goretti School according to standard school policy.	
DATE: _____	SIGNATURE: _____