



## Authorization for Medications to be Taken During School Hours

Note: this medical authorization form must be filled out for all prescriptions, *one form per each medication* to be taken. The first dose of any medication **must** be given at home.

School Name: Saint Joseph School			
Child's Name:			
	<i>Last</i>	<i>First</i>	<i>Sex</i>
Physician's Name:			
Physician's Address:		Phone:	
Diagnosis for which medicine is being given:			
Name of Medication: <i>(Ideally, the parent will have two containers, one for home and one for school.)</i>			
Form (pill, liquid, etc.):		Dose:	
If medicine is to be given daily, at what time(s):			
If medicine is to be given "when needed," describe indications:			
How soon can it be repeated:			
Is child authorized to medicate her/himself:			
List significant side-effects:			
Length of time this treatment is recommended:			
Will an action plan be provided (for asthma, allergies, seizures, etc)?			
Physician's Signature:			
Do you want your child to receive medication on early dismissal days (½ days)?      Yes _____      No _____			
I hereby authorize the School Principal/School Secretary or Nurse to administer medication to my son/daughter. I understand all medication will be kept in the Health Office. Students are not permitted to carry medications on their person, without prior approval from the principal.			
Parent's Signature:		Date:	

*(please see reverse)*

Ideally, all medication should be given at home. Please be aware of the problems associated with giving medication in schools. Whenever possible, please change time schedules so medication can be given *before* and *after* school hours. Any student required to take prescribed medication during the regular school hours must comply with school regulations. These regulations are the following:

1. Written orders from a physician which include:\*\*
  - a) the name of the student
  - b) the name of the medication
  - c) dosage
  - d) time interval the medication is to be given (if, “as needed” a plan must be provided)
  - e) diagnosis or reason for the medication

*\*\* a current prescription label on container may serve as a physician's order; physician's orders may be faxed or emailed to the school*

2. Written permission must be provided by the parent or guardian requesting that the school comply without the physician's order.
3. Both the physician's order and the parent permission must be kept on file.
4. Prescription Medication should be brought to school in a container appropriately labeled by the pharmacy. Ideally, the parent will have two containers, one for home and one for school. For medications that will be given for the entire school year, the child needs a new prescription container each school year.