



Assumption Catholic School

K-3rd Grades N6217 Cty Rd V Durand WI 54736 715-672-4276 Fax 715-672-3485
Pre School & 4-8 901 W Prospect Street Durand WI 54736 715-672-5617 Fax 715-672-3931

PRESCRIPTION MEDICATION FORM

Please administer the following medication to:
 Name of Student _____ Birth date _____

Address _____

Telephone Number _____ Parent/Guardian Name _____

School _____ Grade _____

Diagnosis or reason for medication: _____

Parent/Guardian Responsibilities:

1. Notify the school of the child's needs.
2. Complete this prescription medication form permitting the school to give medication in the dosage prescribed by the physician and to communicate with the physician to have him/her complete this form and deliver it to the school principal.
3. The medication shall be stored in the original pharmacy labeled container with the child's name, drug, dosage, time to be given, and physician's name.
4. Written instructions must be obtained from the physician and delivered to the school each time there is a change in medication, dosage, or time to be given, or annually for long term therapy.
5. Notify the school when the drug is discontinued.

I/We further agree to hold the designated person(s) harmless in any and all claims arising from the administration of this medication at school.

I/We further agree to notify the school in writing at the termination of this request or when any change in the above order is necessary.

I agree to follow the above outlined instructions. I request that the authorized school personnel administer the medication at the prescribed time to my child according to the directions stated by the physician and give permission for school personnel to communicate with the child's physician when necessary.

Parent Signature _____ Date _____

Medicine	Route	Dose	Frequency Time of Day	Duration	Notify me for the Following reactions:
				From:	
				To:	
				From:	
				To:	

PRN MEDICATION (As Needed)						
Medicine	Route	Dose	Frequency Time of Day	Duration	To be given for:	Notify me for the following reactions:
				From:		
				To:		
				From:		
				To:		