

MEDICATION PERMIT

Student's name: _____ Grade: _____ Date: _____

Please fill the top portion of the form for Over the Counter Medication and the bottom portion for Prescription Medication.

Please complete and return a form for **each** child. All over the counter and prescription medication must be supplied by **you** in the original container and labeled with your child's name.

Allergies:

- Allergies to medication _____ Food Allergies _____
 Environmental Allergies _____ Seasonal Allergies _____
 Insect Bites _____ Other _____

My signature gives permission to Sacred Heart Catholic School to administer over the counter medication below:

Parent signature _____ Phone: _____

Over the counter medication

Please check and indicate the dosage for Over the Counter Medication.

Tylenol/Acetaminophen: dose _____ Motrin/Ibuprofen: dose _____

- Benadryl/Diphenhydramine HCL: dose _____
 Triaminic Elixer/soft chews: dose _____
 Topical medication name and dose: _____
 Cough Drops dose: _____
 Other name and dosage: _____

Prescription Medication

Physician name must be on the label and in the Original Container.

Allergies:

- Allergies to medication _____ Food Allergies _____
 Environmental Allergies _____ Seasonal Allergies _____
 Insect Bites _____ Other _____

Reason for Medication: _____ Prescription # _____

Medication Name: _____

Dosage: _____ Route of Administration: _____

Time: _____ Start Date: _____ End Date: _____

Physician's Name (must be on the label): _____

Parent Signature: _____ Phone: _____

Medication Rules and Procedures

1. All medications (over the counter and prescription) must be provided by the parent or guardian. No "stock" medications will be available for student use (i.e. ibuprofen, Tylenol, Benadryl, cough drops).
2. A permission slip must be signed by the parent or guardian for over the counter and prescription medications every school year.
3. All medication must be brought to school and returned home by a parent or legal guardian and checked in with the nurse or office staff.
4. Medications must be in their original containers, with all directions, and warning labels intact, labeled with the students' name, dose and instructions for use. Medication label directions must match permission slip directions.
5. No medication brought to school in anything other than the original container and properly labeled will be administered even if accompanied by written permission.
6. No student is to have possession of any medication including cough drops on their person or in their personal belongings or to administer medication to another student. Possible exception—with doctor's order and school's agreement—epi pens or inhalers.
7. All medication sent to the school will be kept in a locked cabinet in the nurse's office.
8. Only the school nurse, or designated individual, will dispense prescription or non-prescription medication to the student.
9. A medication record will be kept on any student needing to take medication during school hours.
10. At the end of the school year your medications must be picked up by a parent or guardian or it will be destroyed.
11. No homeopathic medications will be given in school.

We appreciate your cooperation with these procedures and rules. Our goal is to insure the health and safety of all Sacred Heart students.

If you have any questions, please call the school nurse, Beth Kryskalla, RN BSN at 445-2621.