PROVIDENCE
THE COLLEGE PREPARATORY SCHOOL FOR GIRLS GRADES 6–12

MEDICATION PERMISSION REQUEST FORM

Both Prescription and Over the Counter Medications Must be approved by a Physician

According to the policies of the Archdiocese of San Antonio, students are not allowed to carry medication on their person, including non-prescription medications. (The only exception is that, by physician direction, a student may be allowed to carry and self-administer inhaler medication and EPI pen). Medications will be maintained and dispensed by appointed school health coordinator(s). The following steps must be taken before a student is allowed to take medication at school:

1. Parent/guardian must present this completed consent form to the school.
2. Parent/guardian must bring the medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law. Medication may be given by school personnel provided that the prescribing health care provider completes this form.

Name of student:_____Grade:_____ Date of birth:_____

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TO BE COMPLETED BY HEALTH CARE PROVIDER

Medication #1_____
Name Strength Dose Time (at school) Route

Medication #2_____
Name Strength Dose Time (at school) Route

Allergies: _____

Special instructions: _____

_____

Health Care Provider _____Health Care Provider _____ Date _____
Printed Signature

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Each disclaimer below must be initialed by the parent(s) in order for the school to administer medications.

_____I understand that the medication(s) will be administered by a person who is not medically trained.

_____I agree to hold the school harmless for the proper (according to above directions) administration of the medication provided by the parent/guardian and for adverse drug reactions or side effects.

_____I agree to be responsible for maintaining and adequate supply of medication at the school to meet my child's need.

TO BE COMPLETED BY PARENT

I, _____, request that my child be given the above medication as directed.
(Printed Name)

Signature of parent/guardian: _____ Date: _____

Telephone:(Home): _____ (Work): _____ (Mobile): _____

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