

MEDICATION PERMIT FORM

The policy of the Diocese of Austin only authorizes Catholic School personnel to administer medication prescribed by a licensed physician or dentist and labeled by a registered pharmacist. The Diocese suggests that, whenever possible, the physician prescribe medication that does not require administration by the school. The completion of this form authorizes school personnel to administer medication during school hours, however; medication can be given at school only under the following conditions:

- 1. If medication is needed in order for the student to remain in school, this form must be completed by the parent/guardian, signed by the physician, and returned with the medication to the school office or nurse.
2. All necessary medication prescribed for a student by a doctor or dentist must have this Medication Permit Form signed by the physician and parent. All prescription medication must be in the prescription bottle and labeled with a current pharmacy prescription label. "Over the counter" medication must be in original labeled container. Medications sent in baggies or unlabeled containers will not be given.
4. Students are not permitted to carry medication of any kind or give any medication to other students.
3. The parent /high school students is responsible to bring all medication to the clinic/office and to pick up unused medicine by the end of the school or it will be destroyed.
5. Experimental medication/dosages will not be given. Herbal medication, dietary supplements and other nutritional aids not approved as medication by the FDA, will not be administered at school.
6. All medications must be kept in a locked cabinet/drawer in the school office/clinic and administered in the school office/clinic.
7. Only the school nurse and/or the parent perform nebulizer treatments in school. Non-medical school (not licensed) personnel are not permitted to administer this treatment.
8. Once a vial of insulin (or other medication in a vial) is started (opened), date it and discard after 30 days.
9. Only the school nurse and/or the parent may work with an insulin pump or insulin administration. Non-medical (not licensed) school personnel are not permitted to work with an insulin pump or insulin administration.
10. Medication will not be administered via a central line at school by any school personnel.
11. Medication that is expired will not be administered in the school clinic, it will be properly discarded.

TO THE NURSE OR HEALTH REPRESENTATIVE OF: _____ SCHOOL

STUDENT NAME: _____ GRADE: _____ DOB: _____
PLEASE PRINT LAST NAME FIRST MIDDLE

MEDICATION NAME: _____
PLEASE PRINT

DOSAGE AND DIRECTIONS FOR GIVING: _____

BEGINNING DATE: _____ ENDING DATE: _____

I hereby request that the medication specified above be given to the above named student, and that the medication may be given by someone other than a medically trained person.

I realize that the school does not have to agree to allow medication to be given to a student by school personnel. I understand that the school's agreeing to allow the medication to be given is for my benefit and the student's benefit. Such agreement by the school is adequate consideration of my agreements contained herein. I understand that the medication(s) may be administered by a person who is not medically trained. In consideration for the school agreeing to allow the medication to be given to the student as requested herein, I agree to indemnify and hold harmless the Diocese of Austin, its servants, agents, and employees, including, but not limited to the parish, the school, the principal, and the individuals giving the medication, of and from any and all claims, demands, or causes of action arising out of or in any way connected with the giving of the medication or failing to give the medication to the student. Further, for said consideration, I, on behalf of myself and the other parent of the student, hereby release and waive any and all claims, demands, or causes of action against the Diocese of Austin, its agents, servants, or employees, including, but not limited to the parish, the school, the principal, and the individual giving or failing to give the medication.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

SIGNATURE OF PHYSICIAN: _____ DATE: _____
(STAMPED SIGNATURE NOT ACCEPTED)

PHYSICIAN'S TELEPHONE NUMBER: _____