S A C R E D   H E A R T   S C H O O L

250 High street   Mount Holly, NJ   08060

Phone: 609-267-1728   Fax: 609-267-4476   Web: www.sacred-heart-school.org

Medication Authorization Form

Sacred Heart School requires all students who need medications during school hours to:

1.) Have the top portion of this form completed by your health care provider. The name of the medication, dosage, diagnosis, and length of time medication is to be given should be clearly written.
2.) Have a parent/guardian complete the bottom portion of this form.
3.) Have an adult bring the medication to school, in its original packaging.

Name of Student:__________________________________ **Date of birth**:____________ **Grade**:______

To be Completed by Physician:

Diagnosis or reason for adminstering:____

Medication, Strength & Dosage:____

Specific Time (s) & Dose(s) to be given at school:____

Possible side effects____

Length of time medication is to be given (i.e. 2019-2020 school year) ________________________________

Restrictions? Yes___ **No**___If Yes, what and for how long?____

____________________________________ ____________________________________ ________

Printed Name of Physician/Advanced Practitioner **Signature of Physician/Advanced Practitioner** **Date**

To be Completed by Parent/Guardian:

I, ____________________________, give permission for my child to receive the above medication in school, as directed. I understand that only I, the school nurse, or a school employee trained by the nurse, may administer medication to this student while they are in school.

I acknowledge that the school shall incur no liability as a result of any condition arising from this medication. I shall indemnify and hold harmless the school, its employees or agents, against any claims arising from the administration to this student.

If epinephrine for severe allergic reaction is ordered by my child's physician, I give permission for a designated staff member to administer this medication in the absence of the school nurse. Yes____ No_____

________________________________ ____________

Parent/Guardian Signature Date