



# The Atonement Academy

CATHOLIC + CLASSICAL

## MEDICATION PERMISSION REQUEST FORM

According to the policies of The Atonement Academy, students are not allowed to carry any medication on their person. (An exception may be allowed if, by physician direction, a student requires diabetic or rescue medication.) The principal designates a responsible person to supervise the storing and administration of medications at school. Medication may be administered by non-medical personnel. The school will be held harmless for adverse drug reactions and side effects of properly administered medication. The following steps must be taken before a student is allowed to take medication at school:

- 1) The prescribing health care provider (a US licensed Physician, Dentist, Physician Assistant or Nurse Practitioner) must complete this form so that medication may be given by school personnel.
- 2) Parent/guardian must present this completed consent form to the school.
- 3) Parent/guardian must bring the medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law. If bringing an over-the counter medication, it must be in the original, unopened container labeled with the student's name and it must be accompanied by a permission request form signed by the parent.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

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### TO BE COMPLETED BY HEALTH CARE PROVIDER

Medication #1 \_\_\_\_\_

Name	Strength	Dose	Route	Time (at school)	Duration
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Medication #2 \_\_\_\_\_

Name	Strength	Dose	Route	Time (at school)	Duration
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Medication #3 \_\_\_\_\_

Name	Strength	Dose	Route	Time (at school)	Duration
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Allergies: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Printed Name of Health Care Provider (MD/DO/PA/NP/DSS/DMD): \_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

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### TO BE COMPLETED BY PARENT

I, \_\_\_\_\_, request that my child be given the above medication as directed. The school and its employees will be held harmless for adverse drug reactions and side effects of properly administered medication.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_