

# *Immaculate Heart of Mary School*

## **Request to Administer Medication Form**

If you wish your child to be given medication- at school, we need the following information. The purpose is to make sure that your child receives the prescribed medication and that school personnel know the expected reactions to the medication. Please send medication to school, in the original container, with' prescription label attached. It is the responsibility of the parent to submit a new form if the medication is changed in any way (such as time, route, dosage-, or if discontinued).

*Medications that contain narcotics WILL NOT be given during school hours. Students may carry certain medications as ordered by the doctor and with the Principal's permission.*

During school hours it is my understanding that trained school personnel will administer the prescribed medication according to the specified physician's recommendations. Should the need arise; I give permission for the school to contact the physician regarding this medication and or the condition for which it is being administered.  
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### **Immaculate Heart of Mary School**

Student's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

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### *To Be Completed By The Child's Physician*

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time(s) administered: \_\_\_\_\_

Reason medication is to be given: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Physician 's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_