

**St. Mary Catholic School
Medication Permission Form**

Student _____ Date of Birth _____ Grade _____

St. Mary Catholic School's policy for students receiving medication at school whether **prescribed medication** by a physician or authorized prescriber, **or over the counter medication authorized by parent**, is as follows:

- Signed orders from parent/guardian and physician must be on file in our office.
- Over-the-counter medication must be brought in the original container.
- Prescribed medication must have a pharmacy label that matches the written orders.
- All medication must be brought to the school office by the parent.
- School personnel reserve the right to refuse to give the medication.

To be completed by the Physician or Authorized Prescriber:

Reason for the medication: _____

Name and strength of medication: _____

Form of medication:

Tablet/capsule Liquid Inhaler Injection Other

Amount and Time/s: _____

For PRN, state the frequency, the time between dosages of medication & maximum doses in a school day:

Start date for medication: _____ End date for medication: _____

(All orders will be valid for current school year)

Additional information, instructions, restrictions and/or important side effects: _____

Physician or Authorized Prescriber Signature _____ Date _____

Physician or Authorized Prescriber Printed name _____

Phone Number _____ Fax Number _____

To be completed by the Parent/Guardian:

I instruct Principal or authorized school personnel to give the medication as instructed above.

Do you want to be called before or after a PRN medication is given? Check one YES NO

Additional information/instructions or restrictions _____

Consent: I hereby request that the medication specified above be given to the above named student. I understand that the school personnel who give the medication may not be medically trained. 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 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. 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 Beaumont, St. Mary Catholic School, 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 or guardian of the student, hereby release and waive any and all claims, demands, or causes of action against the Diocese of Beaumont, St. Mary Catholic School, its servants, agents, and employees including, but not limited to the Parish, the School, the Principal and the individual giving or failing to give the medication.

Parent/Guardian Signature _____ Date _____

Parent/Guardian printed name _____ Relation to child _____
