

ADMINISTRATION OF MEDICATIONS TO STUDENTS
(Permission form for medications)

SACRED HEART ELEMENTARY & HIGH SCHOOL

Extraordinary Catholic Education. Through Christ. For All.

416 W. THIRD ST. SEDALIA, MO 65301

660-827-3800

Fax 660-827-3806

****Please attach any additional information the district may need to have in an emergency.**

School: Sacred Heart School Date form received by the School: _____

Student Information

Name: _____ Age: _____ Date of Birth: _____

Homeroom/Classroom: _____ Grade: _____

Medication/Prescription Information

Prescription Medication Over-the-Counter Medication provided by Parent/Guardian

Has the student been given the first dose of this medication? Yes No

Name of Medication: _____ Reason for Medication: _____

Form of Medication/Treatment


Tablet/Capsule Liquid Inhaler Injection Nebulizer Other _____

Describe the schedule and dose to be given at School: _____

If "as needed," indicate the maximum dosage per day: _____

Are there restrictions and/or important side effects? Yes No If yes, please describe: _____

Special Storage Requirements: None Refrigerate Other _____

Please Complete other side 

Physician's Information

Physician's Name: _____

Address: _____

Phone: _____ Fax: _____

Parental Permission

I give permission for _____ (student's name) to receive the above medication at school.

I also give district employees permission to contact the student's physician directly to provide information on the student's condition or to clarify medication administration instructions. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication and for informing the school district immediately if any information provided on this form changes or if administration of medication should cease.

Signature: _____ Date: _____

Relationship: _____

Home Phone: _____ Work Phone: _____ Emergency Phone: _____

Notice

Schools in this district are equipped with pre-filled epinephrine auto syringes and asthma-related rescue medications that can be administered by the school nurse or other trained personnel in the event of life- threatening emergencies involving anaphylaxis or asthma.

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: July 1, 2014

Revised: August 10, 2021 Sacred Heart School, Sedalia, Missouri

Please Complete other side 