

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 attached any additional information the school 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 effect? Yes No

If yes, please describe:

Special Storage Requirements: None Refrigerate Other: _____

PHYSICIAN'S INFORMATION

Physician Name: _____

Address: _____

Phone: _____ Fax: _____

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PARENTAL PERMISSION

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

I also give school 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 provide the school with an adequate supply of medication and for informing the school immediately if any information provided on this form changes or if administration of medication should cease.

Signature: _____ Date: _____

Relationship: _____

Home Phone: _____ Work: _____ Emergency: _____

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

Implemented: July 1, 2014

Revised: August 18, 2022 Sacred Heart School, Sedalia, Missouri