

Trinity Catholic School
Permission for Medication During School Hours

If your child is to receive any medications during the school day, please complete and return this form to the office for our records.

Student's Name: _____ Grade: _____

Medication: _____ (circle one) Tablet Liquid Ointment

Dosage: _____

Time to be Given: _____

Other Instructions:

Reason for medication:

Side effects of which school staff should be aware (Drowsiness, irritability, nausea, inability to participate in P.E., etc.)

Medication prescribed by: _____

Physician's name (address and telephone)

This permission form is in effect from _____, 20____, to
_____, 20____.

Parent Signature _____

Please send the original medication container to school. Any other container must be clearly labeled. Please include the student's name and grade, name of medication, and dosage instructions.

Students requiring medication other than Tylenol or cough drops (ie: cough/cold medicine, or other over-the-counter medications must also have a completed medication form for our records.

State law mandates that no medications may be dispensed by school officials without parental/guardian permission. Students should bring these and all medications to the school office.

Trinity Catholic School Parent/Student Handbook:

Medication

Dispensing of prescription drugs will be administered by a nurse or designated party with training and with the written consent of parent(s). A physician's signed and dated authorization including the name of the student, physician, medication, dosage, and medication schedule must be given to the school on or with the original container. A record of each dose of medication administered will be documented in the student's health record. Students utilizing asthma or airway constricting prescription medication are allowed to administer their own dosage provided a completed consent form is on file in the school's office. Contraceptives will not be dispensed.

Dispensing of non-prescription drugs may occur, provided the parents have signed and dated an authorization identifying medication, dosage, and time interval to be administered. (ACSB Policy #5141)