

**BLESSED SACRAMENT SCHOOL**  
**MEDICATION ADMINISTRATION**  
(For all prescription and non prescription medication)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Medication Allergies \_\_\_\_\_ Other Allergies \_\_\_\_\_

This medication administration request is required by law for both prescription over the counter (OTC) medication. It is to be completed and signed by your child's health care provider AND by a parent or guardian. \*\*This form must be renewed at the beginning of each academic year and for each medication.

**OVER THE COUNTER MEDICATION (OTC)** \*Medication must be in the original container with all labels intact

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Route \_\_\_\_\_ Side effects \_\_\_\_\_ Date of Order \_\_\_\_\_

Discontinue Date \_\_\_\_\_

Reason for Medication \_\_\_\_\_

\*\*\*\*\*

**PRESCRIPTION MEDICATION** \*Must be given as directed on the original prescription or original pharmacy label on container

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Route \_\_\_\_\_ Side effects \_\_\_\_\_ Date of Order \_\_\_\_\_

Discontinue Date \_\_\_\_\_ Reason for Medication \_\_\_\_\_

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(see page two for signatur page)

I give permission for the nurse to share information relevant to the medications above as necessary for my son/daughters health and safety. **INITIAL**\_\_\_\_\_

I give permission for my child to self-administer and/or self-carry medication if the nurse determines it to be safe and appropriate.

**INITIAL: Yes**\_\_\_\_\_ **No**\_\_\_\_\_

I understand all medication will be disposed of if not picked up following the termination of the order, if it has expired or if it is not retrieved by the end of the academic year. **INITIAL**\_\_\_\_\_

I give consent for the nurse to administer the above medications (OTC and Prescription) and to contact the prescribing physician regarding this medication order:

**PHYSICIAN SIGNATURE**\_\_\_\_\_ **DATE**\_\_\_\_\_

**Print Name**\_\_\_\_\_ **Telephone**\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**\_\_\_\_\_ **DATE**\_\_\_\_\_ r

**Print Name**\_\_\_\_\_ **Daytime phone**\_\_\_\_\_