

Authorization for Medication

The following section is to be completed by the PARENT:

SANTA FE CATHOLIC SCHOOL		Grade: _____	
Child's Name: _____		Sex: _____	Date of Birth: _____
Physician's Name: _____		Address: _____	
Telephone: () _____			
I request that my child be assisted in taking the medicine(s) below at school by authorized persons as authorized by me and my physician (see below).			
_____	() _____	() _____	_____
Date	Parent/Guardian Signature	Home Phone	Emergency Phone

The following is to be completed by the PHYSICIAN:

Diagnosis for which medication is given:
Name of Medicine:
Form:
Dose:
If medicine to be given at school, at what time?
If medicine to be given "WHEN NEEDED"?
Describe indications:
How soon can it be repeated?
List significant side effects:
Length of time this treatment is recommended:

Other Information

(Physician's/Nurse Practitioner's signature)

Date

Place office stamp here.

Format developed by: The American
College of Allergists

PARENTS MUST SUPPLY ALL MEDICATION IN THE ORIGINAL CONTAINER AND EXPIRATION DATE MUST BE CURRENT. THIS ALSO INCLUDES ALL OVER THE COUNTER MEDICATIONS SUCH AS; TYLENOL, ADVIL, ASPIRIN, ETC.

MEDICATION ADMINISTRATION POLICY

In order to ensure student safety and health, Santa Fe Catholic has established a policy for the administration of medications during school hours.

If your child must be given medication of any kind during school hours, including over the counter medications, you have the following choices:

1. You or someone chosen by you may come to school and give the medication to your child.
2. You may get a copy of the Authorization for Medication form from your child's school and take it to your child's physician. This form must be filled out and signed by the doctor/nurse practitioner and the parent/legal guardian. Once completed, return this form to your child's school. Medication may be given at school only when an Authorization for Medication is on file.
3. You may choose to discuss with your doctor/nurse practitioner a schedule for giving medication outside of school hours.

School personnel are not allowed to give any medication to students unless they have received a properly completed Authorization for Medication signed by you and your child's doctor/nurse practitioner. The medication must be received in a properly labeled container, labeled with your child's name.

For your convenience, a copy of the Authorization for Medication is printed on the back of this letter. Take a copy of this form with you whenever you take your child to the doctor.

If you have any questions, please check with the front office.

Thank you for your cooperation.