



# Saint Anthony Catholic School

## Authorization for Medication

To: Saint Anthony Parents & Guardians

**Subject: Students With Special Medical Needs Only**

Administering of medicine to a child outside the doctor's office or health institution is *a parental responsibility* and should not be delegated to school personnel except under unusual circumstances. Parents should ask their physicians if it is possible to prescribe medication so that it can be administered at home. The school will never administer/dispense medicines (including "over the counter" drugs) without specific authorization by both a licensed physician and the parent. Students are *not permitted* to carry or dispense drugs / medication **without written** parental / physician authorization and instructions. Below is the "**Authorization For Medication**" form for those **students with special medical needs**. This form must be completed and signed by you as parents or guardians, **and** by your child's physician.

### Authorization for Medication

Name of Student:

Grade

*Last*

*First*

### To Be Completed By Physician

**Diagnosis:**

**Medication, Dosage, Specific Times & Directions for Administration:**

*(Please write each medication, dosage, frequency and time separately)*

**Note: Medication must be supplied in the original prescription container.**

Printed Name or Stamp of Physician

Physician's Signature

Physician's Phone Number

### Parental / Guardian Permission

I grant the principal or his/her designee to assist in the administration of each prescribed medication / procedure to be provided during the school day, including when my child is away from school property on official school business. When a prescribed medication is necessary, the medicine will be sent to School in a **pharmacy-labeled bottle** specifying the drug, the amount to be given, and the time to be taken.

Signature of Parent / Guardian

Date

Expires: ( 1 yr.)