Saint Catherine of Siena School

MEDICATION ADMINISTRATION FORM

(For all prescription **AND** over-the counter (OTC) medication)

Student Name______________________________ Grade: ________ DOB: ____________________

Medication Allergies: ___________________________ Other Allergies: ________________________

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

OVER-THE-COUNTER MEDICATION (OTC) **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 the container.

Medication: _______________________ Dosage: ___________________ Frequency :____ _________

Route: ___________________ Side Effects: _________________________ Date of Order: _________

Discontinue Date: ______________________ Reason for Medication: __________________________

I give permission for the SCS school nurse to share information relevant to the medications above as necessary for my son/daughter's health and safety. **INITIAL: ________**

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

I give consent for the SCS school nurse to administer the above stated medication (OTC and Prescription) and to contact the prescribing physician regarding this medication order, if needed.

PHYSICIAN SIGNATURE: ____________________________________ DATE: _____________________

Print Name: __________________________________ Daytime Phone Number: __________________

Parent Signature: _____________________________ Daytime Phone Number: _________________