

HS003

COMPLETE THIS FORM ONLY IF YOUR STUDENT IS CURRENTLY TAKING MEDICATION THAT HAS TO BE GIVEN DURING THE SCHOOL DAY*

REQUEST FOR: ASSISTED SELF-ADMINISTRATION OF MEDICATIONS (PRESCRIPTION AND NON-PRESCRIPTION) This statement must be on file with the school health office/headmaster in order for your student to be allowed to receive any medication(s). The medication(s) must be brought to the school in the original container/packaging (non-prescription medication) or pharmacy labeled container (prescription medication). For prescription medication(s), the container shall display: students name, prescription number, medication name and dosage, administration route or other directions, date, licensed prescriber's name, pharmacy name, address, and phone number.

Student's Name: _____ Date of

Birth _____ Grade _____

Last, First Address:

Phone _____

Parent/Guardian Name _____ Mobile

phone _____

Allergies

(food, medications, environmental?): _____

HEALTH CARE PROVIDER STATEMENT 1. TO BE FILLED OUT BY HEALTH CARE PROVIDER: IF Prescription medication or Non-prescription medication > 10days (Physician and Parent signature required) OR TO BE FILLED OUT BY PARENT: For Non-prescription medication < 10days (Only Parent signature required)

START

DATE _____ THROUGH _____

Medication(s) to be administered during school hours:

Diagnosis Drug Dosage Time(s)

Diagnosis Drug Dosage Time(s)

Diagnosis Drug Dosage Time(s) Is this student competent to self-administer his/her medication? Yes ___ No ___ Does this medication ABSOLUTELY need to taken during school hours? Yes ___ No ___ If yes, please explain

____ Special instructions for storage and handling _____

Physician's Name (Print) Phone # Parent/Legal Guardian Name

Physician's Signature Date Parent/Legal Guardian Signature Date

PARENT AND STUDENT STATEMENT

I, (student name) _____ take full responsibility for taking my own medication(s), prescription medication(s) or non-prescription medication(s) > 10 days, as prescribed by my Health Care Provider OR non-prescription medication(s) < 10 days as instructed by my parents. Medication bottles will have the proper pharmacy label if prescription. If non-prescription medication, it must be in original packaging/container.

Student signature Date

I consent for my child _____ to take his/her own medication(s) during the school day assisted by school personnel as necessary. My child is competent to self-administer the medication(s), prescription and/or non-prescription, with assistance. I understand that all medications provided to the school for use must be in a container labeled by the pharmacist for prescription medication(s) and in the original packaging/container for non-prescription medication(s). Instructions for the administration of the medication must agree with the instructions given on this consent form. Any changes made in the administration of this medicine will require written authorization from the Health Care Provider for prescription medication(s) and Non-prescription medication(s) taken longer than 10 days and/or authorization from the parent for non-prescription medication(s). I/we agree that the Diocese, parish or school, including their employees and agents, shall not be held liable for any injury resulting from my/our child's possession and/or self-administration of the above-described medication(s) (sections 1 and/or 2) while on school property or at a school related event. I/we agree to indemnify and hold harmless the Diocese, parish or school, including its employees and agents, from any and all claims or liability resulting from the possession and/or self-administration of the above-described medication(s) (sections 1 and/or 2) by my/our child. I/We understand ONLY the following emergency medications listed shall be self-carried AND self-administered by students: Albuterol inhalers, Glucagon, Insulin, and Epinephrine auto injectors. All other prescription AND non-prescription medication(s) to be self-administered, are not allowed to be self-carried and will be locked up and dispensed in the Health Office.

Parent/Legal Guardian name (Print) Parent/Legal Guardian Signature Date

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