

Omaha Archdiocese

Authorization for Administration of Medication

All over the counter medication must be brought in the original container with legible manufacturer's instructions. Prescriptions must be in the original container with pharmacy label attached. No expired medications of any kind will be administered at school.

Patient/Student _____ **Grade** _____

Medication is ordered to be given to a student at school only when absolutely necessary.

Whenever possible, the parent and physician are urged to design a schedule for giving medication outside of school hours. If this is not possible, it must be understood by the parent that the medication will be dispensed by the school office personnel. ***The school accepts no responsibility for adverse reactions when the medication is dispensed in accordance with the physician's directions.***

PHYSICIAN DIRECTIONS

Name of medication: _____

Dosage: _____ Route: _____ Time: _____

Purpose of medication: _____

Possible side effects: _____

Signature of Prescribing Physician

Date

Printed Name

Office number

I understand that it is my responsibility to furnish the medication and any medical equipment needed to administer the medication. At the close of the school year, a parent or legal guardian must claim any unused medication in the school office.

Parent Signature

Date