

ARCHDIOCESE OF NEW ORLEANS

REQUEST FOR SCHOOL PERSONNEL TO ADMINISTER MEDICATION

Whenever prescription medicine needs to be given by school personnel, this form must be completed and accompany the medication. A new form must be filled out and signed by your doctor if at any time your child's medication or dosage changes.

Please complete all information on this form and return it to the school office.

- 1. Child's name** _____ **Grade** _____
- 2. Medication to be administered** _____
- 3. Dosage** _____
- 4. Purpose of medication** _____
- 5. Time of day medication is to be given** _____
- 6. Anticipated number of days medication needs to be given during school hours** _____
- 7. Possible side effects** _____

My signature authorizes the school secretary, principal, or designee to administer the medication, as stated on this form, to my child, _____, and that any side effects from the medication are not the school's responsibility.

Parent's Signature _____ **Date** _____

Doctor's Signature _____ **Date** _____