

Prescription Medication Permit Form

Only necessary medication for chronic illnesses or acute conditions may be given at school. All medication should be given outside of school hours if possible. Three-times-a-day medications should be given before school, after school and at bedtime for optimal coverage. If necessary, medication can be given at school under the following conditions:

1. If medication is needed in order for the student to remain in school, this form must be completed by the parent/guardian, signed by the physician, and returned with the medication to the school health clinic. This policy refers to prescription medications.
2. All prescription medication must be in the prescription bottle and labeled with a current pharmacy prescription label.
3. The parent is responsible to bring all medications to the clinic/office and to pick up unused medicine or it will be destroyed. Medications will not be kept year to year.
4. Experimental medication/dosages, herbal medications, dietary supplements and other nutritional aids not approved as medications by the FDA, will not be administered at school.
5. All medications must be kept in a locked cabinet/drawer in the school clinic and administered ONLY in the clinic. **Medications should not be in possession by the student.**
6. Students whose doctor's written instructions require them to carry an inhaler on their person may do so. A second inhaler should also be kept in the clinic for use. No other students are to be in possession of one's Inhaler.
7. Only the school nurse and/or parent may perform nebulizer treatments in school. Nonmedical school personnel are not permitted to administer this treatment.

To the Nurse of Christ the King Catholic School

Name of Student: _____

Grade: _____

Name of Medication: _____

Dosage and Directions for Use

Beginning Date: _____

Ending Date or Continuous: _____

I hereby request that the medication specified above be given to the above named student, and that the medication may be given by someone other than a medically trained person as designated by the school nurse.

I realize that the school does not have to agree to allow medications to be given to a student by school personnel. I understand that the school's agreeing to allow the medication to be given is for my convenience and the student's benefit. Such agreement by the school is adequate consideration of my agreements herein. I agree to indemnify and hold harmless the Diocese of Dallas, its servants, agents, and employees, including, but not limited to the parish, the school, the principal, and the individuals giving the medication, or and from any and all claims, demands, or causes of action arising out of or in any way connected with the giving of the medication or failing to give the medication to the student. Further, for said consideration, I, on behalf of myself and the other parent of the student, hereby release and waive any and all claims, demands, or causes of action against the Diocese of Dallas, its agents, servants, or employees, including, but not limited to the parish, the school, the principal, and the individual giving or failing to give the medication.

Signature of Parent/Guardian: _____

Date: _____

Signature of Physician: _____

(Stamped Signature not accepted)

Date: _____

Physician's Telephone Number: _____