



PRESCRIPTION MEDICATION PERMIT FORM

Please submit one form per medication

Only necessary medication may be given at school. All medications 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. Medication may be given at school under the following circumstances:

1. If medication is needed in order for the student to remain in school, this form must be completed by the parent/guardian, and returned with the medication to the school nurse.
2. Prescription medication MUST have the pharmacy label attached with clear directions written.
3. All prescription medication must be in the prescription bottle and labeled with a current pharmacy prescription label. Medications sent in baggies or unlabeled containers will not be given.
4. Expired medication will not be administered. The parent/guardian is responsible to pick up any unused medicine two weeks after the last indicated dosage or the end of the school year. Medication that is not picked up within two weeks will be destroyed.
5. Experimental medication/dosages will not be given. Herbal medication, dietary supplements and other nutritional aids not approved by the FDA will not be administered at school.
6. Only the school nurse and/or the parent may work with an insulin pump or insulin administration. Non-medical (not licensed) school personnel are not permitted to work with an insulin pump or insulin administration.
7. Medication will not be administered via a central line at school by any school personnel.
8. All policies for medication administration as set forth in the St. Mark School Handbook must be abided by.

To the nursing staff of St. Mark Catholic School:

Name of Student: _____ Grade: _____ Homeroom Teacher: _____

Name and Dosage of Medication (include route of administration): _____

Directions for Administration (include time to be given): _____

Beginning Date _____ Ending Date _____

I agree and do hereby hold St. Mark and its faculty and administration harmless for the proper administration of the medication, failure to administer medication, or for any adverse drug reactions or side effects. I understand that the medication may be given by someone other than a medically trained person. I agree to be responsible for maintaining an adequate supply of medication and have a new form completed for any changes in medication dosage or instructions. I also agree to notify St. Mark Catholic School immediately of any changes to, including termination of above instructions.

Signature of Parent/Guardian: _____ Date: _____

Name printed: _____ Phone: _____

Physician Name: _____ Phone: _____