

Lourdes



CATHOLIC SCHOOL

PERMISSION TO DISPENSE PRESCRIPTIVE MEDICATION

1. Prescriptive medications will be dispensed in the school office only.
2. A physician's note or this Permission to Dispense Prescriptive Medication form must accompany the medication and remain on file in the school office.
3. The medication must be in the pharmacy's original container, name, and directions labeled.
4. Tylenol etc. will not be dispensed without a physician's note. A parent may stop in the office to dispense this to the child if medication is needed.

Student's Name: _____ Date: _____

Since it is necessary that my child be given medication during school hours, I hereby give permission that the medication be administered by the school personnel. This is done in the school office.

Signature of parent/guardian

Name of medication: _____

Start date: _____ Stop date: _____

Dosage amount: _____ Time to be given: _____

Reason: _____

Anticipated reactions (if any): _____

Today's date: _____ Physician's Signature _____

Any comments: _____

**FORMS ARE AVAILABLE IN THE SCHOOL OFFICE.
PLEASE RETURN THIS FORM AND MEDICATION TO THE OFFICE.**