

MEDICATION PERMIT FORM

Student's name _____ **DOB** _____ **Grade** _____

Medication _____ **Dose** _____ **Time** _____

Reason for medication _____

Only necessary medication (prescribed for, but not limited to the treatment of; ADD/ADHD, Asthma, Diabetes, and Epilepsy) may be administered at school. Each medication must have its own form. All medication should be administered outside of school hours, if possible (e.g., medication that should be administered three times per day should be given before school, after school, and at bedtime). Medication can be administered at school only if necessary and under the following conditions:

1. The parent/guardian must complete the medication permit return with the medication to the school office or nurse. ALL prescription medication requires a signed physician's statement submitted to the nurse's office which includes the name of the student, the name of the medication, the dose, the times(s) the medication is to be taken, the diagnosis or reason the medication is needed and the duration of the physician order. Short term use (less than 10 days) of OTC medications do not require a form signed by a physician, but parents need to provide the same information for the use of prescription medication.
2. All prescription drugs require a current prescription label. The milligram dosage indicated on the prescription bottle must match the milligram tablet in the container. The medication must match the description on the prescription bottle. Only 30-day supply will be kept in the clinic at any given time.
3. All over-the-counter medications must be in original labeled containers, including cough drops. Medications sent in baggies or unlabeled containers will not be stored or administered by the school. The parent/guardian provides all medication. All OTC medications need a permit form filled out by parent and physician signature is required for medications given or kept in the clinic longer than 10 days.
4. The parent is responsible for bringing all medications to the clinic/office. All medications will be counted and recorded. Prescription medications for ADHD, anxiety and controlled medications (schedule II and above) will need to be counted and recorded by a parent/guardian and a staff member.
5. Unused medication not picked up by the parent/guardian upon completion of the cycle of treatment or the end of the school year, whichever is earlier will be destroyed.
6. No school personnel will administer the initial dose (first dose) of medication to a student unless it is an emergency rescue medication (ex: epinephrine)
7. All medications must be kept in a locked cabinet/drawer in the school office/clinic and administered in the school office/clinic
8. High School Students may carry epinephrine, rescue inhalers, and diabetic supplies with proper education on the use of the medication and a signed physician's statement specifying self-carry privileges. It is recommended that a second dose of the medication be kept in the school office/clinic. The privilege may be revoked if the student is shown to be incapable, or acts irresponsible, when carrying or when using their medication—Students in the 7th grade and above- on a campus with a dedicated school nurse may carry epinephrine, rescue inhalers, and diabetic supplies with proper education on the use of the medication and a signed physician's statement specifying self-carry privileges. The same responsibilities apply.
9. At the end of the school year any medication remaining will be discarded if you do not retrieve it by the last day of school medications will not be sent home with students in grades PK-8 only high school students may transport their medications from home to the school office/clinic.
10. Only the school nurse or parent may work with a diabetic. Currently, we do not authorize non-medical personnel to work with diabetic students.
11. Only the school nurse or parent may administer nebulizer treatments in school. Non-medical (unlicensed) school personnel are not permitted to administer this treatment.
12. Experimental medications/dosages will not be given. Herbal medications, dietary supplements and other nutritional aids that have not been approved as medication by the FDA WILL NOT BE ADMINISTERED AT SCHOOL. Medication that is expired will not be administered at the school clinic. Medications will not be given in a central line.

Physician's signature _____ **Date** _____ **Phone** _____

Physician's Printed Name _____

I hereby request that the medication specified above be administered to the above-named student, and I acknowledge and agree that the medication may be administered by school personnel who do not possess medical training. I acknowledge and understand that the school is not required to allow medication to be administered by school personnel. I understand that the school's agreeing to allow the medication to be administered is for my benefit and the student's benefit. In consideration for the school agreeing to allow the medication to be administered to the student as requested herein, I agree to defend, indemnify, and hold harmless the Diocese of Fort Worth, its parishes and Catholic schools, its bishop and successor bishops, and all their priests, employees, servants, and agents, including the individuals administering or giving the medication, from and against any and all claims, demands, causes of action, judgments, damages, or losses of any character, arising out of or in any way connected with administering or giving the medication or failing to administer or give the medication to the student. Further, on behalf of myself and the other parent/guardian of the student, I hereby release and waive all claims, demands, or causes of action against the Diocese of Fort Worth, its parishes and Catholic schools, its bishop and successor bishops,

Parent/Guardian Signature _____ **Date** _____ **Phone** _____