

**SAINT PIUS X ELEMENTARY SCHOOL**

**ADMINISTRATION OF MEDICATION**

Dear Parents:

If your child requires medication, please try to schedule it before or after school hours, if possible. If the medication must be given during school hours, whether it is prescription or non-prescription, we must have this form completed and signed by your physician and you. All medications are kept in the school office and must be in the original container with label affixed. If it is a prescription medication, the child's name must be on the label. The purpose of this procedure is to make sure that your child gets the proper medication and dosage and that the school personnel responsible for its administration can do it safely and know the expected reactions to this medication. Medications containing narcotics or sedation for pain relief will not be administered at school for the child's safety.

**STUDENT'S NAME** \_\_\_\_\_

**DURATION OF THIS FORM:** \_\_\_\_\_ **SCHOOL YEAR** \_\_\_\_\_

**NAME OF MEDICATION:** \_\_\_\_\_

**RECOMMENDED DOSAGE:** \_\_\_\_\_

**TIME TO BE ADMINISTERED:** \_\_\_\_\_

**REACTIONS: PLEASE LIST POTENTIAL REACTIONS OR SIDE EFFECTS THE CHILD MIGHT HAVE TO THIS MEDICATION.**

**DURING THE SCHOOL HOURS OF 7 AND 2 IT IS MY UNDERSTANDING THAT TEACHERS, AIDES OR OTHER SCHOOL PERSONNEL MAY BE ADMINISTERING THESE MEDICATIONS ACCORDING TO THE SPECIFIED PHYSICIAN RECOMMENDATIONS.**

**SIGNATURES:**

**DATE OF SIGNATURE:**

**PARENT** \_\_\_\_\_

\_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_

\_\_\_\_\_

**PHYSICIAN'S ADDRESS**

**PHONE**

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