Saint Thomas Academy
Consent for Administration of Medication in School

The policy of Saint Thomas Academy regarding the administration of prescription or over-the-counter medication, such as Tylenol /Ibuprofen, to students in school includes the following requirements:

1. A written order from the licensed prescriber.
2. Written parental permission for the administration of medication.
3. Medication must be in the original over-the-counter container or current, correctly labeled prescription bottle.

NOTE:

· It is suggested that, whenever possible, medications be given at home.
· **Medication orders are required annually and when changes are made from original orders.**
· Orders may be FAXED to our Health Office at 651-454-4574.
· Ask your drugstore to divide the prescription medication into two (2) labeled containers -- 1 for home and 1 for school.

Student Information

Student's Name: _____ Grade (2010-11): _____ Date of Birth: _____

Licensed Prescriber's Order For Administration of Medication By School Personnel

I have prescribed the following medication for this student and request that the dosage(s) given during school hours be administered by school personnel under the delegation/supervision of the School Nurse.

Medication	Strength	Dose	Time	Medical Conditions	Possible Side Effects

**If prescribed medication is an inhaler:
❑This student will keep inhaled medication in the Health Office.
❑This student is knowledgeable about and has the skills to safely possess and use an inhaler.

_____ _____
Print or Type Name of Licensed Prescriber Clinic Address/City/Zip

_____ _____ (_____)_____
Licensed Prescriber's Signature Date Phone Number

Parent/Guardian Release for Administration of Medication

☐ I request and authorize school personnel, under the delegation/supervision of the School Nurse, to administer this medication as ordered by the above licensed prescriber.

☐ I give my permission for the School Nurse to contact the prescriber regarding questions/concerns related to my student's medication.

☐ I give permission for my student to carry their inhaler. I understand that the School Nurse will assess the student's knowledge and skills to safely possess and use an inhaler in the school setting.

_____ _____ (_____)_____
Parent/Guardian Signature Date Phone Number