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, other than Tylenol /lbuprofen, 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:

- ■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.

		<u>Student</u>	<u>t Information</u>		
Student's Name:			Grade (2021-2022): Date of Birth:		
I have pre	scribed the following	medication for th	nis student and requ	edication By School uest that the dosage(s) ation/supervision of the S	given during
Medication	Strength	Dose	Time	Medical Conditions	Possible Side Effects
**	If prescribed medication	n is an inhaler:			
	This student will keep i			ly possess and use an inh	aler.
Print or Type Name	e of Licensed Prescri	ber	Clinic Address	/City/Zip	
Licensed Prescriber's Signature			Date	() Phone Number	
	Parent/Guard	lian Release f	or Administrat	ion of Medication	
to administer I give my perm	this medication as o	rdered by the abo	ove licensed prescr	sion of the School Nurs iber. arding questions/conce	
☐ I give permissi				t the School Nurse will a n the school setting.	assess the
Parent/Guardian Signature			Date	()_ Phone Number	