

St. Francis Xavier School

Phone: 763-684-0075

Fax: 763-684-4771

MEDICATION PERMISSION FORM

This form is to be used should your child require prescription or over-the-counter medication during school hours. In order to ensure that these medications are given correctly and safely, the following procedures will be followed:

Labeling: All prescription medication should be sent to school in a current, labeled prescription bottle. Over-the-counter medication must also be presented in the original bottle or container.

Prescription Medication: Both a physician order and a parental authorization are needed for the administration of prescription medication. Medication cannot be given until both these signatures are received. The physician order can be presented to school through this form or faxed to school at **763-684-4771**. Ask your pharmacist to divide the medication into two labeled bottles, one for home and one for school.

Over-the-Counter Medication: Only a parent/guardian authorization is needed for the administration of over-the-counter medication.



Student Name: _____ **Grade:** _____

Parent/Guardian name: _____

PHYSICIAN AUTHORIZATION:

Diagnosis: _____ Med Name and Dosage _____

Recommended Time of Administration at School: _____

Potential Side Effects of this Medication: _____

PHYSICIAN'S SIGNATURE: _____ **Date:** _____

Printed Name: _____ **Phone:** _____

PARENT/GUARDIAN AUTHORIZATION:

I request that my child be given _____ during school hours. If this is
(medication name)

a prescription medication, administration should be documented above. If this is an

over-the-counter medication, I request my child receive _____

at _____ due to _____
(dosage)

(time of administration) **(reason for medication)**

I also release St. Francis Xavier School and school personnel from any liability in the event of medication reaction(s).

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____