

AUTHORIZATION AND RELEASE TO ADMINISTER MEDICATION

Blessed Sacrament School
5841 Chevy Chase Parkway, NW
Washington, DC 20015

Ph: 202-966-6682
Fax: 202-966-4938

Name of Student _____ Grade _____

Date of Birth _____ Allergies _____

Prescription: Renewal New If new, first full day's dosage given at home on: _____

List all medication(s) this student is currently taking _____

I hereby request and authorize Blessed Sacrament School personnel to administer the medication as directed by the physician (below). I agree to release, indemnify and hold harmless Blessed Sacrament School and The Archdiocese of Washington, DC and any of their staff members or agents from lawsuit, claim, demand, or action, etc. against them, for administering prescribed and/or other medication for this student. I have read the Medication Policy outlined on the back of this form and assume the responsibilities as required.

Parent/Guardian Signature Phone Date

To be Completed By The Physician:

Blessed Sacrament School discourages the administration of medication to pupils in school during the school day. Any medication that possibly can be administered outside of school hours should be so prescribed. Only non-parenteral medications are administered except in specific emergency situations. School personnel will, when necessary, administer medication to pupils during the school day and while participating in outdoor education programs according to the procedures outlined on the back of this form.

PLEASE USE A SEPARATE FORM FOR EACH MEDICATION

Name of Medication _____ Diagnosis _____

Dosage _____ Times to be GIVEN AT SCHOOL _____

Route of Administration _____ Effective Dates: From _____ To _____

Side Effects _____

If PRN specify: 1) When indicated _____

2) Frequency of administration _____

Self-carry/self-administration of Emergency medication such as Epipens and inhalers must be authorized by the prescriber:

- This student is capable and approved to self-administer the medication named above.
- This student is not approved to self-medicate

Physician's name (print) Physician's signature

Physician's Phone Date

MEDICATION POLICY

- All medications (including non-prescription over the counter) that need to be administered in school or during school sponsored activities, must have a parent's or guardian's written authorization. A written physician's order is required for prescription medications. This is required every school year for each new or continuing medication order.
- Physicians may use the form on the reverse side hereof, office stationery or a prescription pad to include all of the following information:
 1. Child's name
 2. Diagnosis
 3. Medication name
 4. Dosage
 5. Time of administration
 6. Duration of medication
 7. Side effects
 8. Physician signature and date
- All prescription medication must be provided in a container with the pharmacy label attached. Pharmacies will provide you with an extra container for school purposes. Non-prescription (over the counter) medication must be in a container with the manufacturer's original label. Please check that the medication expiration date is current.
- The first day's dosage of any new medication must be given at home before it can be administered at school. This is a safety precaution in case the child should have an adverse reaction to the drug.
- Parents are responsible for collecting any unused portions of medication within one week after expiration of the physician's order or at the end of the school year.