

NOTRE DAME ACADEMY

2019-2020

PRESCRIPTION MEDICATION ADMINISTRATION PERMISSION
FORM

In order for the school nurse to administer any medication to your child, a written order from a **licensed provider** and **parental permission** must be obtained. The pharmacy labeled container (or original container if non-prescription) must be brought to the School Health Office with no more than a 30-day supply. Students may not carry any medications at school with the exception of EpiPens, rescue inhalers, insulin and prescription pancreatic enzyme supplements.

Narcotics cannot be administered in school. May be faxed to the Health Office 339-200-3631.

Student Name: _____ DOB: _____

Allergies: _____

At home medications: _____

Name of Medication: _____

Route: _____ Dose: _____ Frequency/time: _____

Duration of Prescription (no longer than one year):

From: _____ To: _____

Indication: _____

Special Instructions: _____

Possible Adverse Reactions: _____

May the student self-administer this medication? Yes No

Parent/Guardian Signature-Date

MD/NP/PA Signature-Date

**COMPLETE ONLY IF YOUR DAUGHTER IS TO RECEIVE PRESCRIPTION MEDICATION DURING
SCHOOL HOURS**