



Calvary Day School
Prescription Medication Form 2022-2023

Student Name _____ Birth Date _____
Grade _____

This form shall be completed for all prescription medication that is to be administered by the school nurse or designee. The medication is to be hand-carried to the Health Room (E1102) by the parent/guardian and must be in its original pharmacy-labeled container. A separate form is required for each medication. Please refer to the Calvary Day School medication policy found in the student handbook for further information.

PHYSICIAN STATEMENT OF NEED (This box to be completed by the physician)

Name of Medication _____ Strength _____	
Dosage _____ mL	_____ Tablet(s) _____ (Other)
Time(s) to be taken at school: _____	To be given from _____ to _____
Reason for Medication _____	
Side effects (expected /predictable): _____	
Prescribing Physician's Name (Print): _____	
Office Phone _____	
PHYSICIAN SIGNATURE _____	Date _____

PARENT'S PERMISSION

- I hereby give permission for my child (named above) to receive medication during school hours in accordance with my request and the physician's statement of need.
- I agree to notify the school in writing of any changes in my child's condition with regards to the administration of this medication or with any changes to the information provided on this form.
- I hereby authorize the school nurse to share this information with Calvary Day School staff as necessary for the safety and welfare of my child during the school year.
- I do hereby release Calvary Day School from any liability that may result from the prescribed medication.

PARENT/GUARDIAN SIGNATURE

DATE