



Visitation School

HEALTH OFFICE

Consent for Administration of Medication in School

The policy of Visitation School regarding the administration of prescription or over-the-counter medication, such as **Tylenol /Ibuprofen**, to students in school includes the following requirements:

1. A written order from your child's physician.
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:

- It is suggested that, whenever possible, medications be given at home.
- **Medication orders are required annually and when changes are made from original orders.**
- Orders may be FAXED to the student's school.
- Ask your drugstore to divide the prescription medication into two (2) labeled containers - 1 for home & 1 for school.

Student Information

Student Name: _____ Date of Birth: _____ Grade : _____

Physician's Order For Administration of Medication By School Personnel

I have prescribed the following medication for this student and request that the dosage(s) given during school hours be administered by school personnel under the delegation/supervision of the School Nurse.

Medication	Strength	Dose	Time	Medical Conditions	Possible Side Effects

**If prescribed medication is an inhaler:

- This student will keep inhaled medication in the Health Office.
- This student is knowledgeable about and has the skills to safely possess and use an inhaler.

Print or Type Name of Physician _____ Clinic Address/City/Zip _____

Physician's Signature _____ Date _____ Phone Number (____) _____

Parent/Guardian Release for Administration of Medication

- I request and authorize school personnel, under the delegation/supervision of the School Nurse, to administer this medication as ordered by the above licensed prescriber.
- I give my permission for the School Nurse to contact the prescriber regarding questions/concerns related to my student's medication.
- I give permission for my student to carry their inhaler. I understand that the School Nurse will assess the student's knowledge and skills to safely possess and use an inhaler in the school setting.

Parent/Guardian Signature _____ Date _____ Phone Number (____) _____