



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. Montessori through 5th grade all medications require a written order from a physician..
2. Grades 6th through 12th require a physician order for perscriptions. Parental permission is all that is required for Tylenol/Ibuprofen administration (check box below)..
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 (651-454-7144, Attn: Nurse), emailed (nurseoff@vischool.org), or brought into the school nurse (phone 651-683-1708).

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) be given during school hours administered by the School Nurse or under the School Nurse's delegation.

****If prescribed medication is an inhaler or other emergency medication:**

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

Medication	Strength	Dose	Time	Medical Conditions	Possible Side Effects

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 administer Tylenol/Ibuprofen to my student (parent must supply the medication).

Comments:

Parent/Guardian Signature

Date

() Phone Number