



St. Mary's School
903 W. Mission Avenue
Bellevue, NE 68005-3998

Phone: 402-291-1694
Fax: 402-291-9667

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION
2010-2011

All medication must be brought in the prescription container with the original pharmacy label. Prescriptions must be labeled with the student's name, date, and name of medication, medication dose and time to be given. Medication **WILL NOT** be administered if it is not in the original container. Please ask your pharmacist to provide two labeled bottles – one for home and one for school.

Please arrange medication administration outside of school hours if at all possible.

Student's Name _____ Grade _____
 Date of Birth _____

For the child named above, I request and grant permission to school personnel (medication will not necessarily be administered by the school nurse) to administer the below medication as ordered by the physician. I understand that it is my responsibility to furnish the medication and any medical equipment needed to administer the medication.

Signature of parent _____ Date _____
 Daytime telephone number _____

PHYSICIAN DIRECTIONS

Name of medication to be given _____
 Dosage _____ Route _____ Time(s) _____
 Start date _____ Termination date _____
 Purpose of medication _____
 Possible side effects: _____

 Signature of Prescribing Physician Date

 Address of Physician's Office Telephone Number

At the close of the school year, a parent or legal guardian must claim any unused medication in the school office. Medication that remains unclaimed at the end of school year will be discarded.