



Medical Consent Form

Date _____

Student Name _____ Phone _____

Student Address _____

Teacher _____ Grade _____

Physician Name _____ Physician Phone _____

Physician Address _____

Name of the Drug _____

Amount of the Dosage _____

Time of Day to be Given _____

How it is Given _____

Reason for the Medication _____

Check One: _____ Non Prescription _____ Prescription

Person/s authorized to give medication: (please fill in)

Secretary _____ Principal _____

Parent/Guardian Signature _____

Physician Signature _____

I agree to hold St. John the Baptist School and all employees harmless in any and all claims arising from the administration of this medication at school.

School designates the school secretary to administer medication. In his/her absence the Principal/Teacher will administer medication. We do not administer any medication that does not have the drugstore label or over-the-counter label on the container.

OVER

POLICY ON MEDICATIONS

A growing number of children are coming to school with a physician's direction to take medication during the day. Parents/Guardian, for a variety of reasons, cannot supervise this and are asking the school authorities to do it. This service may be offered with appropriate precautions. The following guidelines incorporate provisions for the safety and protection of the child on medication, his classroom peers, and the school personnel involved:

1. Parents/Guardian shall identify the need for their child to receive medication during school hours.
2. The administrator shall assume authority for involving designated school personnel in supervising the taking of the medication.
3. The parents/guardian shall provide:
 - a. *Written authorization for school personnel to supervise their child taking prescribed medication*
 - b. *Documentation of the type of medication, the dose, the time schedule and the possible side effects.*
 - c. *Labeled medication bottle or container which includes child's name, prescribed medication, dosage and time, pharmacy and physician.*
4. It is understood that if the school personnel require additional information regarding medication, the physician will be contacted.
5. Medication shall be kept under the supervision of the designated school personnel.
6. An individual record for each pupil receiving medication shall be kept.
7. No over-the-counter medications shall be administered to the children in the school unless the above criteria are met.
8. This policy is in accord with the Department of Public Instruction and the Brown County Medical Society.

Formulated: March, 1979
Revised: June, 1994