



SAINT ALOYSIUS PARISH SCHOOL

Faith ★ Tradition ★ Innovation ★ Excellence

MEDICATION PERMISSION FORM 2017-2018

STUDENT NAME _____

GRADE _____

The school nurse is permitted to give medication to your child only with signed permission from your child's physician. If you want your child to receive any prescription medications during school hours or on field trips, please complete this form, signed by a physician and return it to school. A new form must be completed each year.

Non-Prescription Medications: The following medications can be given by the school nurse, but only with a physician's signature. If other non-prescription medications are necessary, please list them below. **All non-prescription medications must be supplied by the parent/guardian.** We will accept a faxed note or script from the MD. Please know that the school nurse will always try to contact a parent/guardian when it is necessary to administer medication.

Medication	Check	Dose (please specify) as directed on
Aspirin/Tylenol/Motrin/Advil		
Benadryl		
Non-pseudo decongestant		
Rolaids/Tums		
Eye Drops		
Antibiotic Ointment		
Chloroseptic Spray		
Seasonal Allergy Medication		

Prescription Medications:			
NAME OF MEDICATION	DOSAGE	DATE TO BE GIVEN	TIME TO BE GIVEN
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Reason for medication:	<hr/> <hr/>
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Physician Signature: The above-named student has permission to receive medications as listed above at school:

PHYSICIAN'S NAME (PLEASE PRINT) _____

TELEPHONE _____

PHYSICIAN'S SIGNATURE _____

DATE _____

Parent/Guardian: My child has permission to receive medications as listed above at school:

PARENT/GAURDIAN SIGNATURE _____

DATE _____

My child has permission to carry an inhaler/Epi-pen to school or field trips and to self-medicate.