

Holy Redeemer Catholic School

Request for Medication (Prescription and Non-Prescription) to be Administered During School Hours

NOTE: Please read "Dispensing and Storage of Medication Policy" on the reverse side of this form.

Today's Date: _____

_____ is to be given the following medication.

(Name of student)

Name of medication*:

*See #7 on the reverse side for inhalants and complete if necessary

Dosage:

Time(s) to be given:

Diagnosis/reason for medication:

Possible side effects:

Special instructions:

Start Date:

Stop date:

Prescribing physician's name

Physician's phone number:

Physician's signature:

(Physician's signature is required for prescription medications to be administered longer than 2 weeks.)

I understand that the school personnel cannot assure a parent that anything more than a reasonable effort will be made to assist the student and that I will not hold the school or staff responsible for any problems resulting from such administration. In the event of a change in medication, I am responsible for presenting a new request form. I understand that medication not claimed at the end of the school year will be discarded. I have read and understood the "Dispensing and Storage of Medications Policy" on the reverse side of the form.

SIGNATURE _____ PHONE (h) _____ (w) _____

THIS FORM MUST ACCOMPANY ANY MEDICATION

The above policy is that of the Board of Education of the Archdiocese of Atlanta

(Rev. 8/03)