



Parent/Legal Guardian Consent for Medication Administration at school

(NOTE: Physician Medication Order Form is also required for medications to be administered at school)

Name of Student: (print) _____ Birth date: _____ Homeroom: _____
Name of Parent/Guardian: _____ Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
List ALL medications to be given at school: _____
List ALL allergies for this student: _____
Other medications taken at home: _____
Special instructions for giving medication: _____

1. Have you received and understand the STM School Medication Policy? Yes _____ No _____
2. Do you give permission for the school nurse to share with designated unlicensed personnel information about your child relative to medication administration, as the nurse deems necessary? Yes _____ No _____
3. Do you understand that you may retrieve the medication from school at any time? Yes _____ No _____
4. Do you understand that medication will be destroyed if not picked up within one week following the end of the school term, or when medication has been discontinued? Yes _____ No _____
5. Have you administered the initial dose at home and have you observed your child for 24 hours for an adverse reaction, before the medication can be given at school? Yes _____ No _____
6. Do you consent for a teacher or other non-licensed personnel of STM to administer medication(s) on a field trip? (Please notify the school nurse at least one day prior to a field trip.) Yes _____ No _____

Answers to the above questions must be "yes" before medication can be administered at school.

Complete the following section ONLY if the Physician Medication Order (Part 3) is completed, AND you wish for your child to CARRY HIS/HER OWN emergency medications (inhaler/epinephrine) at school:

1. Do you give permission for your child to carry and self-administer emergency medication(s) if the school nurse determines that it is safe and appropriate in the school setting? Yes _____ No _____
2. Do you believe that your child is sufficiently responsible and informed to self-administer his/her own medication? Yes _____ No _____
3. Do you assume responsibility for your child's actions regarding his/her self-management of medication in the school setting? Yes _____ No _____
4. Has your physician completed Part 3 of the Physician Medication Order? Yes _____ No _____

Answers to the above questions must be "yes" before STM will allow a student to carry emergency medications. The state of Louisiana laws ONLY allows self-administration of EMERGENCY medications. (Inhalers/Epinephrine).

I understand and agree that St. Thomas More Catholic School and its employees are not responsible for any unintentional mistakes or oversights in keeping or giving my child medication. I agree to hold the school employees free and harmless from liability from injuries that might occur as a result of the administration of medication(s) to my child.

Signature of Parent/Guardian

Date