



## 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