



Immaculata Catholic School

721 Burch Avenue * Durham, NC, 27701 * (919) 682-5847 * FAX (919) 956-7073

REQUEST FOR MEDICATION TO BE GIVEN DURING SCHOOL HOURS

**(valid for dates indicated by physician but no longer than the current school year)*

TO BE COMPLETED BY PHYSICIAN

Name of Student _____ School: **IMMACULATA CATHOLIC SCHOOL**

Medication _____ Dosage _____
(No injection will be given except in extreme emergency, such as allergy)

*Time(s) medication is to be given: a.m. _____ p.m. _____ To be given from (date) _____ to _____

Significant information (include side effects, toxic reactions, omission reactions): _____

Contraindications for Administration: _____

If an emergency situation occurs during the school day or if the student becomes ill, school officials are to:

- a. Contact me at my office _____ Telephone _____
- b. Take child immediately to the emergency room at _____
- c. Other option _____

Parent or guardian will furnish this medication within a container properly labeled by a pharmacist with identifying information (e.g., name of child, medication dispensed, dosage prescribed, and the time it is to be given)..Parent or guardian will provide any physician ordered over-the-counter medication in its original packaging.

Physician's Signature DEA# _____ Date _____

PARENTS PERMISSION

I have read and understand the letter on the reverse side. I hereby give my permission for my child (named above) to receive medication during school hours. This medication has been prescribed by a licensed physician. I hereby release Immaculata Catholic School and their agents and employees from all liability that may result from my child taking the prescribed medication.

Parent or Guardian's Signature Telephone Number Date

Cell Number

(School Use Only)

This medication will be administered by a member of the school administrative staff (principal, assistant principal, guidance counselor, administrative assistant, or school office personnel)

Approved by _____
Principal's Signature Date



Immaculata Catholic School

721 Burch Avenue * Durham, NC, 27701 * (919) 682-5847 * FAX (919) 956-7073

ADMINISTRATION OF MEDICATION IN SCHOOL

Immaculata Catholic School has a written policy to assure the safe administration of medication to students during the school day. If your child must have medication of any type given during school hours, including over-the-counter drugs, you have the following choices:

1. You may come to school and give the medication to your child at the appropriate time(s). come to the school office to do this.
2. You may use the form, "Request for Medication to Be Given During School Hours", on the back of this letter. Take the form to your child's doctor and have them complete the form by clearly listing the medication(s) needed and dosage instructions. The form must be completed by the doctor for both prescription and over-the-counter drugs. The form must be signed by the doctor and by you, the parent or guardian. Prescription medicines must be brought to the school in a pharmacy-labeled bottle, which contains instructions on how and when to give the medication. Over-the-counter drugs must be received in the original container and will be administered according to the doctor's written instructions.
3. You may discuss with your doctor an alternative schedule for administering medication (i.e. outside of school hours).

School personnel will not administer any medication to students unless they have received a medication form properly completed and signed by both doctor and parent/guardian, and the medication has been received in an appropriately labeled container. In fairness to those giving the medication and to protect the safety of your child, there will be no exceptions to this policy.

If you have questions about the policy, or other issues related to administration of medication in school, please contact the school office.

Thank you for your cooperation.