

SEDES SAPIENTIAE SCHOOL

CLASSICAL CATHOLIC EDUCATION

MEDICATION IN SCHOOL (Confidential upon Completion) 2017-2018 Academic Year

MEDICATION INFORMATION – TO BE COMPLETED AND SIGNED BY PRESCRIBING PHYSICIAN

This form must be completed for any medication to be administered at school, including over-the-counter medications such as Acetaminophen (generic Tylenol), Ibuprofen (generic Advil/Motrin), or Antacid tablets (generic TUMS). All medications, both over-the-counter and prescription, the student is scheduled to take during the day are to be supplied by the parent/guardian, labeled with the students' name, and in their original containers.

NAME OF STUDENT: _____ GRADE: _____

DIAGNOSIS / ILLNESS: _____

MEDICATION: _____

DOSAGE/FREQUENCY: _____

SPECIAL DIRECTIONS: _____

POSSIBLE SIDE EFFECTS: _____

I certify that the above information regarding this student is correct, and that administration of the medication to this Student is necessary.

Signature of Prescribing Physician

Date

Address of Prescribing Physician (Please PRINT)

Physician Phone #

PARENTAL AUTHORIZATION – TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

I/We authorize the Head of School, or the Head of School's designee, to administer the above medication as indicated. I/We understand and agree that Sedes Sapientiae School, the Head of School, or the Head of School's designee, shall not be liable for any injury to the Student from the administration of the medication as authorized by my signature below.

Signature of Parent/Guardian

Date

NAME of Parent/Guardian (Please PRINT)

Parent/Guardian Phone #

Please return to the Office at Sedes Sapientiae School.