



# St. Mary's Catholic School – Medication Consent

1101 E. 5<sup>th</sup> Street, Natchitoches, LA 71457

318-352-8394 • Fax: 318-352-5798 [www.smstigers.org](http://www.smstigers.org)



## Parental Consent for Medication Administration

STUDENT'S FULL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Teacher: \_\_\_\_\_

Printed Full Name of Parent or Legal Guardian: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

*In case of emergency, if parent is not available please notify:*

(1) Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone #: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Please list all medications to be taken at school.

*\*\*This must include all over-the-counter medications.*

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Other \_\_\_\_\_

- I give my permission for the school nurse or designated unlicensed school employee to administer medication to my child as prescribed by physician for school use.
- I understand that I am to remove unused, contaminated, discontinued, or out-of-date medication from school and that medicine will be destroyed if it is not picked up within two weeks following termination of order or last day of current school year.
- I have administered the initial dose ordered at home and have allowed at least twelve hours observation for adverse reactions. My child had no adverse reactions to this medication.
- I understand that if medication is to be administered when my child is off-campus on a field trip that I will accompany my child on the trip to administer the medication, or my child will remain at home.

\_\_\_\_ Yes \_\_\_\_ No **Consent for self-administration of medication:** *I give permission for my child to self-administer medication or self-test. I feel my child is sufficiently responsible and informed to administer his|her own medication. I assume responsibility for my child's actions in his|her management of medication at school.*

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_