

2018-2019
Our Lady Of Lourdes Catholic School
Request For Giving Medication at School

Student Name _____ Date of Birth _____

Prescription Medication

Note: All medication (both prescription and over the counter) is to be furnished by the parent and is to be in an original container: If a prescription medication, ask the pharmacist to divide the medication into two completely labeled containers, providing one for home and one for school.

Physician's Name _____ Physician's Clinic _____

Phone # _____ Name of Medication: _____

Reason for Medication: _____ Amount to be given: _____

Route: by mouth injection other _____ Time of day to be given: _____

For the period from: Date: _____ to Date: _____

Possible side effects: _____

Direct contact shall be made with the physician should the student receiving the medication develop any of the following conditions or reactions to the medication (if none so state)

Signature of Physician Must have for Prescription Medication _____ Date _____

Nonprescription Medication

Name of Medication: _____ Reason for Medication: _____

Amount to be given: _____ Route: by mouth other _____

Time of day to be given: _____ For the period from: Date: _____ to Date: _____

As a part of the Wisconsin Statute Chapter 118.20, school districts are required to have permission from a medical provider to administer medications at school. As part of the authorization form, school district employees may contact the medical provider and parent with questions regarding the medication administration including clarification regarding dosage, side effects or indication of the medication(s) listed above. As the parent or guardian of the above mentioned student, I will keep the school district aware of any changes in medication(s) or health concerns for my child.

I hereby give permission to designated school personnel to give medications to my child during the school day, including when away from school property on official school business, according to the written instructions of the doctor as shown on this form.

I further agree to hold the Our Lady Of Lourdes and the OLOL employee(s) who is (are) administering the medication harmless in any or all claims from the administration of this medication at school.

Signature of Parent/Guardian _____ Date _____

August, 2018

RE: Over the Counter Medication & Prescribed Medication – School Use

Dear Parents,

Medication should be administered to students by their parent/guardians at home whenever possible. If medication, prescribed and/or over the counter, is needed to be given to a student during school hours, the *request for giving medication form* must be filled out and returned to the school office. All medication prescribed by a doctor must have this form filled out with the doctor's signature.

Medications sent to the office needs to be in the original bottle or box it is purchased in and using the suggested dosage for your child's age or weight. Any, prescribed medication must be in the original medicine bottle with the current prescription date, child's name and directions for proper dosage to be given. **We will no longer accept plastic bags with medicine enclosed.** This includes cough drops. Middle school students may keep cough drops in their lockers.

Parents are always able to come to the school and distribute medicine to their child without a doctor's permission slip.

Should you have any further questions, please call the school office 620-336-3091.

Sincerely,

Jeffrey Young

Our Lady of Lourdes School Principal