



SAINT PETER SCHOOL

PREK-8TH GRADE ELEMENTARY | ESTABLISHED 1927

Medication Instructions

- 1. ALL MEDICINES EVEN THOSE YOU CAN GET WITHOUT A PRESCRIPTION NEED A DOCTOR'S SIGNATURE.**
- 2. NO MEDICATION CAN BE CARRIED UNLESS A DOCTOR WRITES FOR THIS AND THIS ONLY PERTAINS TO EPI-PENS AND INHALERS.**
3. You must send in all medicines to the nurses' office in their original container.
4. Parent must fill out the top section and sign.
5. The nurse will fill out the middle section.
6. A doctor must fill out the lower portion and sign.
- 7. NO MEDICATION WILL BE GIVEN OUT UNLESS THE ABOVE WAS COMPLETED IN ITS ENTIRETY.**
8. **All Medication** must be brought in the first day of school and must be picked up before the last day of school **BY A PARENT** or it will be discarded.
9. **A new Doctor's order for medication is needed EACH school year.**

SCHOOL HEALTH PROGRAM
MEDICATION ADMINISTRATION FORM

*I request that the enclosed medication in the original container be administered to my child as prescribed, and shall release school personnel from all liability. **This includes ALL over the counter medication e.g. Tylenol, Ibuprophen, Benadryl, cough syrup etc.***

NAME OF CHILD _____ GRADE _____

NAME OF MEDICATION _____

DOSAGE _____

PURPOSE _____

(parent/guardian signature)

(date)

TO BE FILLED IN BY SCHOOL NURSE

Prescription # _____ *Date* _____

Pharmacy _____ *Phone #* _____ *Name of Medication* _____

Name of Physician _____ *Phone #* _____

Of Tablets Received _____

PHYSICIAN'S ORDERS

Name of Patient _____

Name of Medication _____

Date of Prescription _____

Dosage _____

Purpose _____

COMMENTS _____

Doctor's Name (please print)

Doctor's Signature

Date