

# St. Mary Magdalen School

## Permission to Administer Prescription Medication

This form is to be completed for prescription medication (Epi-pen, Epi-pen Jr., inhaler or insulin) to be given during school. A physician must sign it. The medication must be in its original labeled pharmacy container.

Student Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

### To be completed by Physician

Diagnosis: \_\_\_\_\_

#### Medication, Dosage, Specific Times & Director for Administration:

**\*\*Medication must be supplied in the original prescription container. Ask the pharmacist to divide the medication into two completely labeled containers, providing one for home and one for school.**

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Specific Times: \_\_\_\_\_ Directions: \_\_\_\_\_

Side Effects and/or Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

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**To be Completed by Parent(s)/Guardian(s)**

I grant the administrator or his/her designee the permission to assist in the administration of each prescribed medication to be provided during the school day, including when \_\_\_\_\_ is away from school property on official business.

\_\_\_\_\_  
(Signature of Parent(s)/Guardian(s))

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Printed Name of Parent(s)/Guardian(s)

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_