



**ST. ANN SCHOOL
MEDICATION FORM**

Please follow these rules when sending medication to school with your child.

All prescription medication must be in its original container labeled with the child's name and dosage. Ask your pharmacist to give you an extra, labeled bottle for your child to bring their medications to school. A form must be signed by your physician and must accompany the prescription when your child brings it to school.

Over the counter medications must be sent in the original container and a form must accompany the medication indicating the dosage and time for administering, and signed by the parent or guardian. A copy of the requested medication form is included below.

Thank you for your cooperation.

This Portion is to be completed for all over the counter and prescription medications.

PARENTS' ORDER FOR MEDICATION

CHILD'S NAME _____

ADDRESS _____

NAME OF MEDICATION _____ DOSE _____

DATE START _____ DATE STOP _____

REASON FOR MEDICATION _____

CHILD'S PHYSICIAN _____ PHONE _____

I give my permission to the designated school personnel to give the above medication to my child according to the directions above. I agree to hold St. Ann School and the persons designated to administer the above medication harmless in any events arising from the administration of this medication. I agree to notify the school, in writing, of any change in the above orders. I further agree to keep the supply of medication replenished as needed, as I understand only a month's supply can be stored at the school.

DATE _____ SIGNATURE _____

(Parent/Guardian)