



**BISHOP MOORE CATHOLIC HIGH SCHOOL
2017-2018 Medication Authorization Form**

This policy applies to all prescription and over-the-counter drugs, natural and homeopathic remedies and food supplements.

A written note signed by a doctor or dentist requesting that the medication be given during school hours must accompany all medications and include the following: name of student, name of medication, dose amount and time to be given, and the anticipated number of days the medication will be taken at school.

A written request for the medication to be given at school, signed by the parent, must accompany all medication.

The medication must come in an official prescription container or the original over-the-counter packaging. It is the parent's responsibility to supply the medication and assure that it is the same as identified on the label.

Parents must certify that the student has received at least one dose of the medication and has not had an adverse reaction to it.

Any changes in the type of drug, dosage or time of administration requires that a new Medication Authorization Form with parent and physician signatures be submitted as well as the medication in the new container.

Annual renewal of each medication is required.

REQUEST FOR MEDICATION TO BE ADMINISTERED DURING SCHOOL ATTENDANCE

Name of Student:	Grade:	Date of Birth:
Medication:	Dose:	Time of Day for Medication:
Reason for Medication:		
Anticipated Number of Days to be Administered:		

Student may self-carry the medication: ____ Yes ____ No
 Student may self-carry an Epi- Pen: ____ Yes ____ No

I hereby give permission for _____ to take the above medication at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that school my child will self administer the medication. The school nor the employees of the school shall be liable for damages as the result of an adverse drug reaction suffered by the student because of the self-administration of such drug. I certify that the child named above has received at least one dose of the medication requested above and has not had an adverse reaction to it.

Printed Parent/Guardian Name

Signature

Date

