



Medication Administration at Saint Miriam School

The parent/guardian of _____ (Child's names) ask that school staff give the following medication _____ (name of medication) to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

The Program agrees to administer medication prescribed by a licensed healthcare provider. It is the parent/guardian's responsibility to furnish the medication. The Parent agrees to pick up expired or unused medication within one week of notification by staff.

Prescription medications must come in a container labeled with:

- Child's name
- Name of medicine
- Time Medicine is to be given
- Dosage
- Date medicine is to be stopped
- Licensed health care provider's name
- Pharmacy name & phone number

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse or school staff delegated to administer medication.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Work Phone: _____ Home Phone: _____

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Health Care Provider Authorization to Administer Medication in School or Child Care

Child's Name: _____

Medication: _____ Dosage: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

Route: _____

Signature of Health Care Provider with Prescriptive Authority: _____

License Number: _____ Phone Number: _____

Date: _____

Please ask the pharmacist for a separate medicine bottle to be kept at school. Thank You!