

**ARCHDIOCESE OF LOS ANGELES
DEPARTMENT OF CATHOLIC SCHOOLS**

Parent Notification for the Administration of Medication at School

To the Parent/Guardian:

Medical treatment is the responsibility of the parent(s)/guardian and family physician. Medications, **both prescription and over the counter**, are rarely given at school; the only exceptions involve special or serious problems where it is deemed absolutely necessary by the physician that the medication be given during school hours. **The parent/guardian is urged, with the help of your child's physician, to work out a schedule of giving medication at home, outside of school hours, whenever possible.**

In the event that it is necessary to administer medication during school hours, school personnel will assist in carrying out the physician's recommendations. Medication will be stored in a secure location, as defined by school policy.

If medication is to be administered at school, all of the following conditions must be met:

- Completion of an authorization form for the administration of medication at school by both the parent and physician. This must include the condition for which the medication is to be given, name, dosage, routine, and specific instructions for emergency treatment.
- Medication must be delivered to the school and picked up by the parent/guardian or other responsible adult.
- Medication must be in a pharmacy-labeled container or a sealed and labeled package. Loose unlabeled pills will not be accepted. (Ask the pharmacy to provide a second labeled container for school use)
- An appropriate measuring device must accompany all liquid medication.
- A separate form is required for each medication.
- Additional authorization forms are required for inhalers and diabetic management.

This request is valid for the duration of one academic year. Whenever there is a change in medication, dose, time, the parent(s)/guardian and physician must complete a new form.

Thank you in advance for your cooperation.

ARCHDIOCESE OF LOS ANGELES MEDICATION AUTHORIZATION AND PERMISSION FORM

One form per medication

Part A, B & C to be completed by a licensed Physician

Part D by parent/guardian – **please print**

A. _____

Last Name of Student	First Name	Grade

Name of Medication	Purpose of Medication

Dosage	Frequency (times to be administered at school)	Dose form (tablet/liquid)

Date of Prescription	Length of time this medication will be necessary

B. Physician's Recommendations. (Please check where applicable.)

_____ Please notify this office if patient misses medication at school.

_____ Medication may have adverse effects (explain) _____

_____ Special instructions and/or comments _____

C. Physician's Authorization: The student for whom this medication is prescribed is under my care.

Printed Name of Licensed Physician	Signature of Licensed Physician

Physician's Telephone Number	Date

D. Permission for Medication to be Taken During School Hours

I request that my child, _____, be permitted to receive and to be assisted / supervised in taking the above prescribed medication at school. I will comply with the policies and procedures determined by the Department of Catholic Schools.

Date	Daytime Telephone	Primary Emergency Contact Number

Signature of Parent/Guardian