



# Our Lady of Mount Carmel School

*In Pursuit of Truth, Goodness, and Beauty*

Recipient of the National Blue Ribbon Award for Academic Excellence

## PARENT REQUEST AND PHYSICIAN ORDER FOR MEDICATION

All Medication that must be administered during school requires a doctor's order.

Student's Name \_\_\_\_\_ Class \_\_\_\_\_

### (For use by licensed prescriber ONLY)

Medication \_\_\_\_\_

How supplied/strength \_\_\_\_\_ Dose to be given \_\_\_\_\_

Time to administer \_\_\_\_\_ If PRN, how frequently \_\_\_\_\_

Reason for medication \_\_\_\_\_

Special Instructions \_\_\_\_\_

Duration of order \_\_\_\_\_

**For inhalers only:** This student is both capable and responsible for self administering this medicine:

YES UNSUPERVISED \_\_\_\_\_ YES with SUPERVISION \_\_\_\_\_ NO \_\_\_\_\_

**5 – 8<sup>th</sup> grade only** - This student has permission to carry this inhaler in school: YES \_\_\_\_ NO \_\_\_\_

Doctor's name \_\_\_\_\_ Doctor's phone number \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_

**\*\*I give permission for my child to carry and use this medicine (inhalers only) on their own:**

5<sup>th</sup> – 8<sup>th</sup> grade only YES \_\_\_\_ NO \_\_\_\_

I have read and understand the medication guidelines and agree to follow them. I understand that medication will not be given to my child unless this form is filled out completely. I give permission for the school nurse, or another staff member, in the absence of a nurse, to administer this medication. I release OLMC school personnel from liability should a reaction result from this medication.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

1. **Medications must be in a pharmacy dispensed container** – labeled with the child's name, medication, dosage, date prescribed and any special directions. Most pharmacies will provide a separate bottle for school use (free of charge), if requested.
2. **Inhalers must be sent in a labeled pharmacy box.** Please check expiration dates
3. **Tylenol, Motrin and other over the counter medications** must be handled in the same manner as prescribed medications. They must be in the original, unopened medication container.