



MEDICATION DISPENSING FORM

Prescription and Non-Prescription medication will be administered to students during school hours only when such medication is needed by the student to remain in school and administration is required during school hours. **No medication will be administered to any student without proper completion of this Medication Dispensing Form.** This form should also be used for non-prescription drugs, food supplements and any homeopathic or herbal remedies administered for the purpose of treating a physical or mental condition when prescribed by a physician. **This form must be signed by a Health Care Provider.**

Student's Name _____ Age _____ Grade _____

Parent's Name _____ Name of Medication _____

Reason for Medication _____

Dosage _____ Frequency _____ Time _____

Effective Dates: From _____ To _____

Permission to self-administer/carry Epinephrine auto-injector

Permission to self-administer/carry Inhaler

As parent/guardian of the above named student, I hereby request that the medication described above be administered to my child. In the event that the requested dosage exceeds the usual recommended dose as listed in the Physician's Desk Reference, I hereby release Our Lady of Mercy and its employees from liability for any damages my child may suffer as a result of this request.

Parent (Guardian) Signature _____ Date _____

It is my understanding that the employees of Our Lady of Mercy charged with the administration of this medication during school hours or school activities will rely on directions contained in this document.

Physician's Signature (or attached prescription) _____

Address _____

Physician Phone _____

FIELD TRIP PURPOSE

In the event of a Field Trip, medication can be omitted _____ (Physician initial), or given upon return _____ (Physician initial).