St. Louis King of France Catholic School
1609 Carrollton Ave., Metairie, LA 70005 • (504) 833-8224 • slkfschool.com
Rev. Colm J. Cahill, Pastor Shannon Culotta, Principal

MEDICATION PERMISSION FORM

If these items are prescribed by a doctor, the medicine must be filled by a pharmacist and properly labeled as a prescription by the pharmacy in order to be administered at school. Students are NOT ALLOWED to possess those medications. All medicine to be administered at school must be in a proper container, labeled with the student's name, dosage, prescribing doctor, etc. Any medicine received in envelopes, baggies, or similar containers will not be accepted. Please be aware that medications can only be given with written permission from a doctor explaining why the medication is needed and the dosage. All medicine must be kept in a locked cabinet.

My child, _____, has permission to take the prescribed medication listed below, as directed. I agree to provide the teacher with the medication as directed above. I understand that my child may not carry the medication in his or her possession, and it must be delivered to the teacher upon entering the campus.

_____ _____ _____
Parent Signature **Printed Name of Parent** **Date**

Name of Medicine: _____
Prescribed by: _____ **Phone:** _____
Dosage Amount/Frequency: _____
How to be Given: _____
Time(s) to be Given: _____
Date(s) to be Given: _____
Side Effects/Anticipated Reactions: _____
Special Instructions (if applicable): _____

If all information is not filled in completely, medication will not be given.

Date Given	Time Given	Dosage Given	Signature of Person Administering Medication

Maintenance medication authorization shall be updated as changes occur or at least every six months.