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 through a pharmacist and properly labeled by the pharmacy as a prescription in order to be administered at school. **Students are NOT ALLOWED to have those medications in their possession. (In the event that this is necessary as ordered by a medical doctor, parents are to contact the school principal, and supplemental forms must be completed)**

All medicine to be administered at school must be in a proper container, labeled with student's name, dosage, prescribing doctor, etc. **Any medicine received in envelopes, baggies, etc. will not be accepted**. All medicine must be kept in the office and dispensed from the office.

_____ _____

Student Name Grade Level

My child, _____, has permission to take the prescribed medication listed below, as directed. I agree to provide the office 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 office 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.

Administration Documentation

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.