

St. Louis King of France Catholic School

1609 Carrollton Avenue Metairie, Louisiana 70005 Office: 504-833-8224 * Fax: 504-838-9938 www.slkfschool.com

Pamela K. Schott, Principal

Reverend Mark Raphael, Ph.D., Pastor

Dear Parents,

The following form is required if you wish to grant permission for any of our certified staff to administer medication to your child during school hours. Any medications brought to school must arrive in its unopened, original container. The medicine must be clearly labeled with your child's name. Medications cannot be shared between children.

Please be aware that medications can only be given when we have written permission from a doctor explaining why the medicine will be given. (ex. teething, recent immunization shots) Fever cannot be treated if the source of the fever is not clearly identified.

The following form is not for use with occasional medications prescribed by doctors, such as antibiotics for ear infections, breathing treatments, etc. Please request a separate form for these types of medications. If you choose not to leave any medications at school, you may disregard the following form.

No teacher will administer medication to a child without calling a parent first.

All my best,
Danielle Neyrey
Director of Early
Childhood Education

Rebeca Hyer Assistant Director of Early Childhood Education

Medication Authorization Form Medicine Must Be In Its ORIGINAL CONTAINER

Child's Name:			
Medication Name	e:		
Dosage Amount/	Frequency:		
How to be Given	: Oral Topical Oth	ner:	
Date(s) to be Giv	en:		
Side Effects/Anti	cipated Reactions	:	
Special Instructions (if applicable):			
Parent's Signatur	re	Date	
If all infor		ed in completely, m nistration Documen	edication will not be given. <u>station</u>
<u>Date Given</u>	Time Given	<u>Dosage Given</u>	Signature of Person Administering Medication
Signature of Staff	f Completing Form	m	
six months.		tion shall be updated	l as changes occur or at least every

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