



# ARCHDIOCESE OF MIAMI

## Saint Timothy Catholic School

### PRESCRIPTION MEDICATION RELEASE FORM

#### PARENT REQUEST FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

In order for **SAINT TIMOTHY CATHOLIC SCHOOL** personnel to dispense medication to your child, this completed form, along with the medication is to be brought to the school by the parent or student. Prescribed medication/treatment may be administered by designated school personnel. The medication should be brought to the school in the original container appropriately labeled by the pharmacy.

**NOTE:** Prescribed asthma inhaler may be kept by the student and self-administered if a physician indicates the need in writing and considers the student sufficiently responsible. In addition, the physician should list any precautions to be followed on this form.

Student Name:		ID:	
		Grade:	

Allergies:

Name of Medication:	
Reason for Medication:	
Dosage:	
Form of Medication/Treatment:	<input type="checkbox"/> Tablet/Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Inhaler <input type="checkbox"/> Injection <input type="checkbox"/> Nebulizer <input type="checkbox"/> Other:
Time Medication is given:	
Restrictions and/or Important Side Effects:	<input type="checkbox"/> None anticipated <input type="checkbox"/> Yes, please describe:
Special Storage Requirements:	<input type="checkbox"/> None <input type="checkbox"/> Refrigerate <input type="checkbox"/> Locked storage
Special Administration Procedures:	<input type="checkbox"/> None <input type="checkbox"/> Crush pill <input type="checkbox"/> With Food
Start Medication Date:	
Stop Medication Date:	

I, the undersigned, the parent/guardian of _____, request that the above medication or procedure be administered to my child. I release the school personnel and the school district from liability stemming from adverse reactions and all other adverse effects which may occur because of administering the aforementioned medication.	
Parent/Guardian signature:	Date: