



# 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.

<b>Student Name:</b>		<b>ID:</b>	
		<b>Grade:</b>	

<b>Allergies:</b>

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

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.

<b>Parent/Guardian signature:</b>		<b>Date:</b>	
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