

# Nazareth Academy – 27 Cordis St. Wakefield, Ma

## MEDICATION ADMINISTRATION FORM

In order to administer a medication to your daughter, this information must be completed and signed by the appropriate personnel and returned to the office.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Licensed Prescriber \_\_\_\_\_ Office Phone \_\_\_\_\_

In case of emergency when parent cannot be reached call \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Diagnosis \_\_\_\_\_ Food/Drug Other Allergies (reaction) \_\_\_\_\_

Drug Name \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Specific directions (i.e. with food, on empty stomach etc.) \_\_\_\_\_

Potential side effects \_\_\_\_\_

Other prescription medications by student \_\_\_\_\_

All prescription medications must be stored in the prescription bottle. Other special storage conditions \_\_\_\_\_

I understand I may retrieve the medication from the school at any time; *however, the medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.*

### Permissions:

I consent to have the school nurse or school personnel designated by the school nurse administer the above medication(s).

I give permission for the school nurse to share information relevant to the prescribed medication as she determines appropriate for my daughter's health and safety.

Medication should be sent and administered on field trips.  YES  NO

I give permission for my daughter to self-administer if the nurse deems appropriate.  YES  NO

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_