Bishop Fenwick High School

School Medication Administration Authorization Form

Non–Prescription/Over the Counter

Only those medications that are medically necessary during the school hours for a student's attendance should be sent to school. School personnel are not responsible for any ill effect which might occur from this medication.

Parent/guardian must provide a written request for medication to be administered. All medication must be in the original container with the label intact and properly labeled with the student's first and last name. This is mandated by the state.

NOTE: THE VERY FIRST DOSE OF THIS MEDICATION FOR CURRENT CONDITION/ILLNESS MAY NOT BE GIVEN AT SCHOOL.

Name of Student: _____DOB:_____Grade:_____
Medication Allergies: _____
Condition for which medication is being administered: _____
Medication Name: _____Dose: _____Frequency:_____
Time to be given at school: _____
Special notes for administration (for example, with food or after meals etc…) _____
_____

When was the first dose of this medication given? _____

Parent/Guardian Authorization

I request designated school personnel to administer the medication as written above. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded.

Parent/Guardian Signature: _____Date:_____
Home Phone: _____Cell Phone:_____ Work Phone:_____
Physician's Name:_____ Phone: _____
School Nurse Signature: _____Date: _____

Revised BFHS/JMF 06/2019