



St. Joseph Catholic School

Growing Together in Faith and Academics

420 N. 6th Street, Beatrice, Nebraska 68310
Phone: 402-223-5033 • www.stjosephbeatrice.org

REQUEST TO PROVIDE PRESCRIBED MEDICATION DURING SCHOOL HOURS AUGUST 2018-MAY 2019

This form only needs to be filled out if your child is taking any kind of prescribed medication, including albuterol.

Important Information For Parents/Guardians: Your written consent is required **prior** to school personnel providing or administering prescribed medication to a child in school. By signing below, you acknowledge the following:

- ✓ If needed, the prescribing physician may be contacted by the school nurse or office staff for clarification on medication administration.
- ✓ Your child's medication may be given by an unlicensed health technician, or by a nurse, or by other school staff deemed competent through training.
- ✓ The school office should be notified promptly if there are changes in your child's medication orders.
- ✓ A physician's (or other licensed prescriber's) authorization is required for medication to be provided at school for all prescription medication products. The prescriber's authorization may be on the pharmacy label attached to the bottle.
- ✓ All medication products must be sent to the school in the original container with label intact. Medications in bags or any other form of "home packaging" will not be accepted, due to safety considerations.

WRITTEN PARENTAL CONSENT: MUST BE COMPLETED PRIOR TO PRESCRIPTION MEDICATIONS BEING GIVEN AT SCHOOL

I give permission to St. Joseph Catholic School to provide _____
Name of medication and dose

to _____ at _____
Child's Name Appropriate Time of Day, If not Everyday

as directed for _____
Reason for Medication

Signature of parent/guardian: _____ Date: _____

Contact Information for Parent/guardian:

Name(s): _____ Phone Numbers: _____