

Saint Margaret Mary Catholic School

Authorization to Administer Medicine and Share Knowledge of Allergies 2019/20

Student's Name _____

Grade _____ Date _____

Date of Birth _____

Physician's Name _____ Phone _____

Whenever possible, the parent/guardian should make arrangements for medication to be administered at home, before or after school hours. Saint Margaret Mary School does not employ a nurse. This form gives permission for the office staff or school principal's designee to administer medication as prescribed by a licensed doctor. **A physician's order/prescription must be attached.** Whenever possible, students will self-administer medication under the supervision of the above named staff. Students are allowed to carry and administer rescue inhalers and Epinephrine Auto-Injectors if necessary. We would ask that you let the school know if your child will be carrying one of these items.

1. Name of Medication: _____

Specific dose: _____ Reason for Medication: _____

2. Name of Medication: _____

Specific dose: _____ Reason for Medication: _____

3. Name of Medication: _____

Specific dose: _____ Reason for Medication: _____

I hereby authorize St. Margaret Mary Catholic School to administer the above medication(s) to my child.

Parent/Guardian Signature Date

The next two statements pertain to students with allergies and need only be signed by parents of students with allergies.

- I consent to my child's name being included on an allergy list provided to teachers/volunteers for the express purpose of making them aware of students who might have an allergic reaction while in their supervision. Circle one: YES NO

Parent/Guardian Signature Date

Allergies: _____

OR

- My child will need to carry the following medication with him/her at all times. Please circle the proper medicine if this statement applies to your child.

Rescue inhaler

Epinephrine Auto-Injector (Epi-pen)