

Medication Permit Form

Prescription and non-prescription medication may be administered by the School Nurse or, in the absence of the Nurse, a designate of the Headmaster or School Nurse. This completed form, along with the medication, must be brought to the School Nurse's office by the parent. A separate form must be filled out for each medication. Students may not keep medications on their persons, in their book bags, or in their lockers **with the exception of** a prescribed asthma inhaler or a prescribed epinephrine auto-injector. Both the **Self-Carry/Administration of Asthma Medication Form** and the **Self-Carry/Administration of Epinephrine Auto-Injector Form** may be downloaded from the School's website.

Prescription medication must be prescribed by a licensed physician or dentist, dispensed by a registered pharmacist and properly labeled with the doctor's name. All medication, whether prescription or over the counter, must be labeled with the student's name, medication, dosing instructions, in the original container, and enclosed in a Ziploc bag.

Note:

- The signed permission form from the parent/legal guardian must accompany the medication.
- It is the student's responsibility to inform school personnel it is time for his medication.
- Any unused medication will be destroyed one week after the last date to be administered if not picked up by the parent.
- Parents are responsible for advising the school of any changes.

NAME OF STUDENT: _____ FORM _____

NAME OF MEDICATION: _____

DOSAGE AND DIRECTIONS FOR USE: _____

BEGINNING DATE: _____ ENDING DATE: _____

I request that the above medication be administered to my child. In consideration for the School agreeing to allow the medication to be given to the student as requested herein, I agree to indemnify and hold harmless Cistercian Preparatory School, its servants, agents, and employees of and from any and all claims, demands, or causes of action arising out of or in any way connected with the giving of the medication or failing to give the medication to the student.

Parent/Guardian signature: _____ Date: _____