School Nurse
(636) 779-2365
Fax #: (636) 394-6274
schoolnurse@stjstl.net

ST. JOHN ADMINISTRATION OF MEDICATION FORM

REQUEST FOR ADMINISTRATION OF MEDICATION

Required for ALL medication to be given @ St. John Lutheran School
Including prescription and over-the-counter medication.

It is always preferred that medication be prescribed to be **administered outside of school hours**; however, when medication must be given during school hours, the school will provide administration of medication only if the parent and/or physician complete the following information:
Without completion of this form, **school personnel may NOT administer medication of any sort**, not even simple over-the-counter medication. **An adult** (not a student) must deliver the medication, in it's original container, to the School Nurse, so that a count can be taken and verified. Please, **DO NOT** send student in with medication of any kind. Please advise the School Nurse of any other information pertaining to a student's health as soon as possible and remember to update any changes in his/her medical history.

I request that the School Nurse or authorized school personnel give the following medication to :

Student Name: _____ D.O.B._____ Grade: _____

Name of medication to be given: _____

Reason for medication: _____

Possible adverse side effects to this medication: _____

_____

Time medication is to be given: _____ Dosage to be given: _____

If medication is a prescription:

Physician's Name: _____(please print)

Physician's Phone: _____ Fax #: _____

Physician's Signature: _____

I give permission for the health procedure and/or medication treatment, listed above, to be administered to my child @ school.

Parent Signature: _____ Date: _____

Parent Contact Phone Number: _____

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