

This is not intended to be a comprehensive permission form, but is used on an as-needed basis.
Complete and return this form and return it to the school ONLY if there is a current need for your child to be given prescription medication while at school, or at the time the need arises.

This form must be completed, signed, and dated to be valid. It must be on file at St. Nicholas.
NO prescription medication will be dispensed until this form is on file.

AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION MEDICATION

This form may be found in the school office
or downloaded as needed from the website: www.stns.org

All **prescribed** medications (i.e., antibiotics, insulin, allergy medications) taken during school hours must be given to authorized school personnel and dispensed only by authorized school personnel.

Anytime a **new prescription** is to be given at school, **an authorization form must be completed.**

For **any change** in the dispensing of the medication listed below, **a letter must be forwarded to the school office to be attached to this form or a new form completed.** There are additional forms at the front desk, or the forms can be downloaded from www.stns.org.

Return form to the school office.

1. Name of student _____ Level _____
2. Name(s) of parent(s) _____
Phone numbers:
Parent c: _____ h: _____ w: _____
Parent c: _____ h: _____ w: _____
3. Physician prescribing the medication _____
Physician's office phone number _____
4. Medication name _____
Dosage _____
5. Special requirements for administering (*must be taken with food, etc.*):

6. Special measures for St. Nicholas to know in regards to administering the medication (*may need to have water in a cup, may "pretend" to swallow the pill, etc.*)

We, the undersigned, hereby waive all claims which might arise from administration of prescription medication to said minor child. We hereby assume full responsibility for the administration of such medication to said minor child and the results thereof. We agree to indemnify and hold harmless St. Nicholas School, its members, officers, employees, and agents from any and all liability relative to the administration of such medication so long as the St. Nicholas employees are not grossly negligent.

Date _____ Parent signature _____