



5100 Plano Parkway West, Plano, Texas 75093  
phone 972-380-5505 fax 972-380-2570

## MEDICATION PERMIT FORM

**Please submit one form per medication.**

Only necessary medication (prescribed for, but not limited to the treatment of ADD/ADHD, Asthma, Diabetes, and Epilepsy) may be given at school. All medications should be given outside of school hours if possible. Three-times-a-day medications should be given before school, after school and at bedtime for optimal coverage. If necessary, medication can be given at school only under the following conditions:

1. If medication is needed in order for the student to remain in school, this form must be completed by the parent/guardian, signed by the physician, and returned with the medication to the school nurse.
2. All necessary medications prescribed for a student by a doctor or dentist must have this Medication Permit Form signed by the physician and parent. All prescription medication must be in the prescription bottle and labeled with a current pharmacy prescription label. "Over the Counter" medication must be in original labeled container. Medications sent in baggies or unlabeled containers will not be given.
3. The parent/guardian is responsible to bring all medication to the clinic and pick up any unused medicine or it will be destroyed two weeks after the last indicated dosage or end of school year.
4. Experimental medication/dosages will not be given. Herbal medication, dietary supplements and other nutritional aids not approved by the FDA will not be administered at school.
5. Only the school nurse and/or the parent can perform nebulizer treatments in school. Non medical school (non-licensed) school personnel are not permitted to administer this treatment.
6. Only the school nurse and/or the parent may work with an insulin pump or insulin administration. Non-medical (not licensed) school personnel are not permitted to work with an insulin pump or insulin administration.
7. Medication will not be administered via a central line at school by any school personnel.
8. All policies for medication administration as set forth in the School Handbook must be abided by.

To the nursing staff of Prince of Peace Catholic School:

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Name and Dosage of Medication (include route of administration): \_\_\_\_\_

Directions for Administration (include time to be given): \_\_\_\_\_

Beginning Date \_\_\_\_\_

Ending Date \_\_\_\_\_

I hereby request that the medication specified above be given to the above named student, and that the medication may be given by someone other than a medically trained person.

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Telephone Number \_\_\_\_\_

I agree and do hereby hold Prince of Peace and its faculty and administration harmless for the proper administration of the medication, failure to administer medication, or for any adverse drug reactions or side effects. I agree to be responsible for maintaining an adequate supply of medication and have a new form completed for any changes in medication dosage or instructions. I also agree to notify Prince of Peace Catholic School immediately of any changes to, including termination of above instructions.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name printed: \_\_\_\_\_

Phone: \_\_\_\_\_