



ST. TERESA'S ACADEMY

CONSENT TO ADMINISTER PRESCRIPTION MEDICATIONS

Student Name _____ D.O.B. _____ Advisor _____

I understand that school personnel must have a physician's order and parental consent before prescription medication can be administered at school. All medication should be given to the nurse in the original pharmacy container with student and physician's name, correct medication and dosage.

All medications will be maintained in the nurse's office and administered according to label instructions at the discretion of the school nurse. **Consent for self-administration for asthma, epi-pen, or insulin is a separate form that can be obtained from the school nurse.**

I prescribe and authorize administering of this medication request to the above named student:

Medication _____ Dosage _____

Reason for RX _____ Time of Day _____

Type or Print Name of Physician _____

Parent/Guardian Signature _____ Date _____