

TO: ALL PARENTS

FROM: ST. MARY'S REGIONAL SCHOOL NURSES

DATE: SEPTEMBER 5, 2007

RE: **REGULATIONS REGARDING MEDICATION**

It is State law that we are **NOT** permitted to administer any kind of medication to any student. If medication must be given, a written note from the doctor and the parent must accompany the child as well as the medication to be administered with explicit instructions as to the time and quantity to be given. **All medication must be brought to and from the school by the parent/guardian, properly labeled and in the original pharmacy container.**

The attached form must be completed by the physician and parent/guardian, and returned, in order for medication to be administered. **We will not accept any medication into the clinic without this form completely filled out and the above conditions are met.** A parent may come to the school to administer their child's medication themselves.

We will also not administer any over the counter medications without a doctor's authorization.

Please refer to your Parent/Student Handbook under "Medicine" for any additional information.

Your child's safety is important to us. Thank you for your cooperation.

**PHYSICIAN MEDICATION ORDER FORM**

ST. MARY'S REGIONAL SCHOOL

DATE: \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

GRADE: \_\_\_\_\_

**\*PHYSICIAN TO COMPLETE:**

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Instructions: \_\_\_\_\_

Precautions/Side Effects: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Physician Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

**\*PLEASE PROVIDE A SEPARATE FORM FOR EACH MEDIATION THAT IS TO BE ADMINISTERED.**

\_\_\_\_\_

I give permission for (name of student) \_\_\_\_\_

to receive medication at school as prescribed by Dr. \_\_\_\_\_.

I WILL BRING THE MEDICATION TO SCHOOL IN THE ORIGINAL CONTAINER, PROPERLY LABELED.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature