

# St. Mary's School

414 N. Main

Pontiac, IL 61764

(815) 844-6585

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Dear Parents:

Please find below and on backside, medication requests which are to be filled out by you and/or by your doctor if medication is to be dispensed during the school day to a student.

***ALL MEDICATIONS MUST BE SENT TO SCHOOL IN THE ORIGINAL CONTAINER. PRESCRIPTION MEDICATION MUST BE IN A CURRENT PRESCRIPTION VIAL WITH THE DOSAGE DIRECTIONS ON THE LABEL.***

Students are not permitted to keep medicine in their classrooms or bookbags. Inhalers for severe asthma and cough drops may be kept in the classroom and must be given to the classroom teacher. All medication must be kept in the school office where the dispensing will be supervised by office personnel.

Thank you for your cooperation in this matter.

St. Mary's School Administration & Staff

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## ***REQUEST FOR STUDENT USE OF NON-PRESCRIBED MEDICATION***

I request that \_\_\_\_\_ be allowed to self-administer the  
(Name of Student)  
\_\_\_\_\_ which I am sending to school. He/She is to take  
(Name of Medication)  
\_\_\_\_\_ of this medication at approximately \_\_\_\_\_. and  
(Amount of dose) (Time to give dosage(s))

understands that he/she must go to the office in order to take this medicine.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***PRESCRIPTION MEDICATION REQUEST FORM***

### ***TO BE FILLED OUT BY PHYSICIAN***

Name of Student: \_\_\_\_\_ Date of Prescription: \_\_\_\_\_

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

Name of Medication to be given: \_\_\_\_\_

Dosage: \_\_\_\_\_ Discontinuation Date: \_\_\_\_\_

Times Medication Is given Per Day (24 hours): \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_