

St. Mary's School
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Dear Parents,

Please find below medication requests which are to be filled out by you and/or your doctor if medication is to be dispensed during the school day to a student. Students are not permitted to keep medicine in their classrooms or book bags. All medication must be kept in the school office where the dispensing will be supervised by office personnel. Inhalers for severe asthma and cough drops may be kept in the classroom and must be given to the classroom teacher.

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

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
TO BE FILLED OUT BY PARENT**

I request that _____ be allowed to self-administer
(Name of Student)
_____ which I am sending to school. He/She is to take
(Name of Medication)
_____ of this medication at approximately _____ and understands
(dosage) *(Time to be given)*
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: _____

Name of Medication to be given: _____

Dosage: _____ Discontinuation Date: _____

Times Medication is to be given (24 hours): _____

Possible Side Effects: _____

Doctor's Signature: _____ Date: _____