

Helias Catholic High School Medication Form

In an effort to help ensure good health and safety for the students of our school, we have established the following guidelines:

- Do not send medicine to school unless it is absolutely necessary.
- Medications labeled **three times a day** should be given at home: breakfast, after school and at bedtime.
- **All** prescription medications must be delivered to the school nurse in the original container. Medications will need the prescription label with doctor's instructions or need to be in the manufacturer's original packaging for over the counter medications.
- Medications **must** be accompanied by a **signed** consent form from the parent for staff to administer. All **instructions** (dose, time, frequency) must match the prescription/medication label.
- **All medication must be provided by parent/guardian.** If not possible, we request a phone call to the school nurse to alert us your child is bringing medication.
- Aspirin containing medication will **not** be given at school, unless there is a current doctor's note on file.
- School nurse will dispose of all medication (prescription/nonprescription) that has not been picked up by the end of the school year.
- If your student would need Ibuprofen or Tylenol on an as needed basis, the school nurse does keep those medications at school. Please fill out and sign form below

Medications that fail to meet these criteria will not be given.

Parent's Request for Giving Medicine at School

I request the school nurse/staff member see that my student _____ grade _____

Receives the prescription/nonprescription (circle one) medication _____

Prescribed by (Physician's Name) _____

For the period (date) _____ to _____.

The dosage amount is _____ and time(s) to be given _____

This medication is to be furnished by me and is to be presented to the school nurse/office staff in the **original container** that is properly labeled with the student's name, medication name, the amount to be given, and the physician's name.

In an event of a medical emergency, I give permission to treat my child even if parents or doctor cannot be reached.

Signature _____ Date: _____