# BISHOP HEELAN CATHOLIC SCHOOLS

AUTHORIZATION/PERMISSION FOR ADMINISTRATION of
**PRESCRIPTION MEDICATION or PROCEDURE** TO STUDENTS

Student: _____ Birthdate: _____
School: _____ School Year: _____

Medication/Procedure, which cannot be managed at home, shall be administered at school when the following are on file at the school:

- Physician's signed and dated authorization which includes the: medication/procedure, dosage, route, time to be given at school, dosage repeat, symptoms, and side effects.
- Parent/Guardian signed and dated authorization.
- Medication/equipment delivered to school in the original packaging.
- A prescription label must be attached to the medication container(s).
- Authorization orders must match the prescription label on the medication container(s).
- Annual renewal of authorization and immediate notification, in writing, of changes.
- Medication/Equipment will be kept in a secured area and shall be administered by qualified staff.

---

**PHYSICIAN AUTHORIZATION/PERMISSION SECTION (To be filled out by physician)**

The above named student is under my medical supervision. I have prescribed the following:

_____

**Name of Medication and mg or Procedure** **Dosage @ school** **Route**

_____

**Time(s) to be given @ school** **Diagnosis /Reason for Medication**

_____

**Anticipated reactions/possible side effects**

Physician Signature_____ Date_____

Phone_____

---

**PARENT/GUARDIAN AUTHORIZATION/PERMISSION SECTION**

I request the above pupil be given the following while in school and school related activities. I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication/procedure where the person administering the medication/procedure acts as an ordinarily reasonable prudent person would under the same or similar circumstances.

_____

Name of Medication or Procedure Dosage @ school Time @ school Route

**Child's Physician**_____(please print)

Parent/Guardian
Signature_____Date_____

Phone: Home_____ Work_____ Cell_____

05/2011