

**All Saints Episcopal School
Parent Provided Medication
Parent Request for Medication Administration at School**

Student Name _____ **Grade** _____ **Age** _____ **Weight** _____

Teacher _____ Physician's Name _____

List any medication allergies _____

List all medication(s) student is currently taking: _____

I hereby request and authorize my child to receive the medication listed below:

Medication _____ **Dose** _____

Time to be administered _____ **Date(s) to be administered** _____
(Maximum limit of current school year)

Condition for which medication is required _____

Note: The very first dose of this medication may NOT be given by the school nurse or All Saints Episcopal School personnel.

- Over-the-counter medication will not be administered on more than 3 consecutive days without written authorization from a physician and a parent signature.
- Over-the-counter (OTC) medication will only be given according to the labeled instructions regarding dosage.
- I understand that my child, depending on their symptoms or injury, may still be required to be picked up from school.
- I will be notified of any side effects/reactions resulting from the medication administration and release All Saints Episcopal School personnel from liability should any such reactions occur.
- My child will be instructed to return to the nurse if their symptoms do not resolve or if other symptoms develop.
- **A separate form must be completed for each medication.** The Medication Administration Request will remain in effect for the dates indicated above (all authorizations expire at the end of the school year if not sooner).
- Herbal substances, vitamins or food supplements will **NOT** be administered at school.
- Plans for Field Trip/Off-Campus Event: If medication is to be administered while the student is attending a Field Trip/Off-Campus Event, **I understand that it is the responsibility of the parent/guardian to notify the school nurse of the date and time of the Field Trip/Off-Campus Event.** I understand that a staff member, designated by the Headmaster, may be responsible for administering medication to my child while attending a Field Trip/Off-Campus Event.
- Parents/guardians are strongly encouraged to pick up all medication immediately after it is discontinued. **At the end of the school year, all medication that has not been picked up by the parent/guardian will be destroyed.**

I give my permission for my Healthcare Provider and the School Nurse or the Headmaster of All Saints Episcopal School to share health care information if additional information is needed. My signature below indicates that I request that ASES staff administer the medication specified above to my child.

Parent/Guardian Name _____ Date _____