

# Pines Medication Permission Form

Only complete this form if your child will require medication while he/she is attending the Pines Environmental Educational Center. All prescription medications **MUST** have the pharmacy prescription label attached to the bottle. Medications that are sent loose in a bag, in unlabeled containers, or without a permission form will NOT be administered. You must send the medication; we do NOT keep "stock" medication (like Advil or Tylenol) to hand out. Please refer to the Parent-Student Handbook if further clarification is needed, or feel free to contact Caroline Townsend. Please return the completed form, along with all of the medication, to the Nurse's Office on or before **Friday, March 2, 2018.**

Student's name: \_\_\_\_\_

1. Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Scheduled or "As needed"? \_\_\_\_\_

Indication (reason) for medication: \_\_\_\_\_

2. Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Scheduled or "As needed"? \_\_\_\_\_

Indication (reason) for medication: \_\_\_\_\_

3. Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Scheduled or "As needed"? \_\_\_\_\_

Indication (reason) for medication: \_\_\_\_\_

4. Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Scheduled or "As needed"? \_\_\_\_\_

Indication (reason) for medication: \_\_\_\_\_

5. Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Scheduled or "As needed"? \_\_\_\_\_

Indication (reason) for medication: \_\_\_\_\_

(Turn page over →)

Parent's phone number(s) \_\_\_\_\_

Physician's name and phone number \_\_\_\_\_

I, \_\_\_\_\_, request the staff of St. Mark Catholic School to administer the previously mentioned medication(s) to my child \_\_\_\_\_.

I have consulted the Student's primary healthcare provider and have determined that the administration of the medication(s) described in the above section is advisable and safe. I understand that I am responsible for providing the medication(s) in the manufacturer's original packaging. I hereby give permission for St. Mark Catholic School to administer the medication(s) to my child according to the times and directions I have listed above. I understand that the medication(s) may be administered by a person who is not medically trained. I further agree to release and hold St. Mark Catholic School, the Roman Catholic Diocese of Dallas, and their respective employees, officers, contractors and/or agents harmless from and against any and all claims arising from the administration of this/these medication(s) by St. Mark Catholic School. I take full responsibility for any adverse effects of such medication administration.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

**Please list all known allergies:**

NOTE:

Please bring the completed form and all properly labeled medication to the Nurse's Office on or before Friday, March 2, 2018.