

## MEDICAL PROCEDURES – MEDICATION

The Diocese of Manchester has instituted a medical procedure for the administration of medication to students.

The principal or designee will work with the parent/guardian and, where appropriate, the student's medical provider, to coordinate in the administration of medication. It is deemed most important, for the mutual benefit of the child and the school, that uniform procedures be implemented.

### **School Regulations**

---

1. Any student who is required to take an oral medication, during the school day, as ordered by a licensed physician, will be assisted by a member of the school staff, so designated by the building principal.
2. **A medication permission form completed and signed by the physician and parent or guardian that gives the name of the drug, dosage, and time of administration, is required for all medicine taken during school hours (both prescription and non-prescription drugs). *If a change in medication, dosage, or time schedule is made, the prescribing physician must send another written statement outlining the changes. Your doctor may fax this information to the school at 594-9117.***
3. Medication permission forms must be renewed each year.
4. The parent or another responsible adult will deliver the medication to a member of the school *office* staff in the original, pharmaceutically dispensed and properly labeled container.
5. Parents are responsible for maintaining an adequate supply of medication in the school.
6. Medication will be kept in a locked container in the main office.

**INFANT JESUS SCHOOL  
AND  
THE DIOCESE OF MANCHESTER**

**MEDICATION PERMISSION AND PHYSICIAN ORDER FORM**

**STUDENT:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_  
**PARENT/GUARDIAN:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

**MEDICATION:** \_\_\_\_\_  
**DOSAGE:** \_\_\_\_\_  
**ROUTE:** \_\_\_\_\_  
**TIME OF ADMINISTRATION:** \_\_\_\_\_  
**SPECIAL INSTRUCTIONS (optional):** \_\_\_\_\_

**PRESCRIBED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Signature of Health Care Provider)

**PARENT PERMISSION**

I hereby authorize the designated staff person to administer the above prescribed medication according to the directions. In consideration for this service, I (we) further hereby agree that I (we) will not hold liable, and will otherwise save harmless, the Diocese of Manchester and/or any department or employee thereof for any death or injury resulting from the administration or assistance in the administration of the medication described above.

**Signature of parent or guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Optional Release – Signature Required)**

I hereby authorize that, if necessary the principal or designated personnel may share information relative to the health of my child (name) \_\_\_\_\_

**Parent signature** \_\_\_\_\_ **Date:** \_\_\_\_\_