DIOCESE OF FORTWORTH **CATHOLIC SCHOOL SYSTEM**

MEDICATION PERMIT FORM

Only **necessary** medication (prescribed for, but not limited to the treatment of; ADD/ADHD, Asthma, Diabetes, and Epilepsy) may be given at school. All medication should be given outside of school hours if possible. Three-times-a-day medications should be given before school, after school and at bedtime for optimal coverage. If necessary, medication can be given at school only under the following conditions:

1. If medication is needed in order for the student to remain in school, this form must be completed by the parent/guardian, signed by the physician, and returned with the medication to the school office or nurse.

2. All necessary medication prescribed for a student by a doctor or dentist must have this Medication Permit Form signed by the physician and parent. All prescription medication must be in the prescription bottle and labeled with a current pharmacy prescription label. "Over the counter" medication must be in original labeled container. Medications sent in baggies or unlabeled containers will not be given.

3. The **parent** is responsible to bring all medication to the clinic/office and to pick up unused medicine or it will be destroyed.

4. Experimental medication/dosages will not be given. Herbal medication, dietary supplements and other nutritional aids not approved as medication by the FDA, will not be administered at school.

5. Antibiotics will not be given at school-by-school personnel. If the parent feels the antibiotic must be given during the school day, the parent may come to the school office/clinic and administer it.

6. All medications must be kept in a locked cabinet/drawer in the school office/clinic and administered in the school office/clinic.

7. **High School** students whose doctor's written instructions require them to carry an inhaler on their person may do so. A second inhaler must also be kept in the clinic for use as needed. If a student allows another person to use the inhaler, the privilege of carrying one's inhaler may be revoked for both parties involved. Only those students in High School may transport their medication from home to the school office/clinic, and return unused medication home.

8. Only the **school nurse** and/or the **parent** perform nebulizer treatments in school. Non-medical school (not licensed) personnel are not permitted to administer this treatment.

9. Once a vial of insulin (or other medication in a vial) is started (opened), date it and discard after 30 days.

10. Only the school nurse and/or the parent may work with an insulin pump or insulin administration. Non-medical (not licensed) school personnel are not permitted to work with an insulin pump or insulin administration.

11. Medication will not be administered via a central line at school by any school personnel.

12. Medication that is expired will not be administered in the school clinic, it will be properly discarded.

TO THE NURSE OF:_____**SCHOOL**

NAME OF STUDENT:_____**GRADE:**_____ **ROOM:**_____

NAME OF MEDICATION:_____

DOSAGE AND DIRECTIONS FOR GIVING:_____

BEGINNING DATE:_____ **ENDING DATE:**_____

I hereby request that the medication specified above be given to the above named student, and that the medication may be given by someone other than a medically trained person.

I realize that the school does not have to agree to allow medication to be given to a student by school personnel. I understand that the school's agreeing to allow the medication to be given is for my benefit and the student's benefit. Such agreement by the school is adequate consideration of my agreements contained herein. In consideration for the school agreeing to allow the medication to be given to the student as requested herein, I agree to indemnify and hold harmless the Diocese of Ft. Worth, its servants, agents, and employees, including, but not limited to the parish, the school, the principal, and the individuals giving the medication, of and from any and all claims, demands, or causes of action arising out of or in any way connected with the giving of the medication or failing to give the medication to the student. Further, for said consideration, I, on behalf of myself and the other parent of the student, hereby release and waive any and all claims, demands, or causes of action against the Diocese of Ft. Worth, its agents, servants, or employees, including, but not limited to the parish, the school, the principal, and the individual giving or failing to give the medication.

SIGNATURE OF PARENT/GUARDIAN:_____**DATE:**_____

SIGNATURE OF PHYSICIAN:_____**DATE:**_____

(STAMPED SIGNATURE NOT ACCEPTED)

PHYSICIAN'S TELEPHONE NUMBER:_____

12/09