

## Saint Ignatius College Prep Medication Policy Form

All medication, whether **prescribed or over the counter**, must be kept in the Nurse's Office. No medication is permitted to be carried on the student or taken at any location other than the Nurse's Office with the exception of prescribed inhalers, EpiPens for severe allergies and insulin.

Medication will only be given to students who have a **parent and physician signature** on the medication form on file in the Nurse's Office. **This form must be updated annually.**

**Prescription medication must be brought to the Nurse's Office in pharmacy labeled containers and the medication form completed with the required physician and parent signature on this form. Over the counter medication must be in its original container, have an affixed label with the student's name and a physician and parent signature on this form.**

Acetaminophen, Ibuprofen and cough drops are stocked in the Nurse's Office. It can only be given to a student with a properly completed medication policy form on file.

The parent must claim the remaining medication by the last day of the school year or it will be discarded.

### **MEDICATION CANNOT BE GIVEN UNLESS THIS FORM IS COMPLETED**

STUDENT NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PARENT WORK PHONE \_\_\_\_\_

DISEASE/ILLNESS \_\_\_\_\_

MEDICATION \_\_\_\_\_ DOSE \_\_\_\_\_

STRENGTH \_\_\_\_\_ FREQUENCY \_\_\_\_\_ ROUTE \_\_\_\_\_

CONDITIONS UNDER WHICH IT SHOULD BE GIVEN: \_\_\_\_\_

POSSIBLE SIDE EFFECTS: \_\_\_\_\_

#### **Prescription medication should be labeled by the Physician or Pharmacist**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

*(REQUIRED FOR ALL MEDICATION)*

#### **Acetaminophen or Ibuprofen and Cough Drop Permission:**

Student Name: \_\_\_\_\_ Class of 20 \_\_\_\_\_

The school may dispense **Ibuprofen** to my student upon his/her request      **YES**      **NO** (circle one)

The school may dispense **Acetaminophen** to my student upon his/her request      **YES**      **NO** (circle one)

The school may dispense **Cough Drops** to my student upon his/her request.      **YES**      **NO** (circle one)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_