DIOCESE OF ST. AUGUSTINE

REQUIRED CLINIC FORMS

ST JOSEPH CATHOLIC SCHOOL

OVER THE COUNTER MEDICATIONS

(Ex: Cough drops, Ibuprofen, Pepto-Bismol, Tylenol, etc.)

- [ ] Medical Authorization **One form for each medication*

PRESCRIPTION MEDICATIONS

- [ ] Medical Authorization **One form for each medication*

INHALER

- [ ] Physician's Order for Self-Administration of Student
- [ ] Parental Authorization for Student to Self-Medicate

STUDENTS REQUIRING EPINEPHRINE

- [ ] Medical Authorization **One form for each medication*
- [ ] Authorization for Administering Medical Treatment (3 page treatment plan)
- [ ] Epinephrine Liability Waiver

Diocese of St. Augustine
Physician's Orders for Self-Administration of Inhaler by Student at School

SPECIAL NOTE: The physician's orders must be accompanied by signed parental authorization form.

TO: The Physician

The information requested below is needed if a student is to use an inhaler in a Diocese of St. Augustine School. We appreciate your assistance in this matter.

Full Name of Student: ______________________________ Birth Date: ______________
Home Address: ____
Home Phone: ________________ Parent/ Guardian's Work Phone: ______________

Physician's Name: _________________________________ Phone: ________________
Health Problem Requiring Inhaler: ____
Name of Medication: ____
Amount to be Given: ____
When/ How Often: ____
What other emergency procedures should be instituted if inhaler proves ineffective:

____
____
____
____
____

It is understood that school personnel will not be responsible or liable for the administration of the medication listed above. It is further understood that proper instruction in the use of the inhaler has been given to the parent and student by you/ your staff. The privilege of self-administration of medication can be withdrawn if abused by the student.

Physician's Signature:____
Date:______________

Diocese of St. Augustine
Parental Authorization for Student to Self-Medicate Via a Prescription Inhaler

Date: ________________

Student's Name: __________________________ Birth Date: __________________

School: ____

Teacher's Name: _________________________ Grade/ Homeroom: _____________

As the parents/guardians of the student named above, we/I authorize him/her to take (self-administer) the following medication at school:

Name of Medication:________________ Amount/ dosage: ________________
Time Student will take Medication: ________ Date Medication will Start: ______
To end: __________ Physician's Name: ______________________________
Health Problem Requiring Medication: _____________________________
Possible Reaction/ Side Effects: ___________________________________
____

Where medication will be kept at school:
_____ 1) With student in an appropriate carrying case
_____ 2) In administrative office or clinic (locked)

It is understood that school personnel will not be responsible or liable of the administration of the medication listed above. It is further understood that proper instruction in the use of the inhaler has been given to the parent and the student by the authorizing physician. Permission is also granted for the school personnel to contact the physician if there are questions or concerns about the medication. We/I are aware the privilege of self-administration of medication can be withdrawn if abused by the student.

Parent/ Guardian Signature	Date	Work Phone
		Home Phone
Parent/ Guardian Signature	Date	Work Phone
		Home Phone

Note: Whenever possible, medication schedules should be arranged to all medication is given at home.
1.Only prescription medication will be administered at school. Over-the-counter and sample medications must be accompanied by orders from the physician.
2.Medication must be delivered to school in the container in which it was purchased (dispensed). The label must indicate the student's name, name of the medication, doctor's name, dosage (amount), time (frequency).
3. The inhaler must have the child's name on it. If the medication requires additional equipment for administration such as a spacer, the parent is responsible for supplying the articles properly labeled with the student's name.
4. A log will be kept by the student and school staff at an elementary site. Included in the log should be date, time, and frequency of inhaler use.

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