



**Parent/Guardian Request for Self-Administration of Medication**

School medications and health care services are administered at St. Thomas the Apostle Catholic School according to the following guidelines:

- Completed Parent Request for Self-Administration of Medication Form, one for each medication.
- Completed Physician Request for Self-Administration of Medication Form, one for each medication. If there are any changes to the administration of the medication after this form is submitted, submit either a new Physician Request Form or a written note from the Physician stating such.
- Medication Drop-off/Pick-up: Medication must be physically brought into/out of the school by parent/guardian, given to an office staff member and signed in/out on the Medication Drop-off/Pick-up Log.
- Prescription medication shall display: Student name, Prescription number, Medication name and Dosage, Administering route or other directions, Date and Refill, Licensed Prescriber’s Name, Pharmacy Name/Address/Phone Number and Name or Initials of Pharmacist.
- Non-prescription (over the counter) medication shall be brought in with the manufacturer’s original label with the ingredients listed and the child’s name affixed to the container.
- Self-administration: Supervising staff will unlock medicine cabinet. Student will select his/her medication container and show the name to the supervising staff. (Supervising staff may need to hand container to student and assist opening.) Student to remove appropriate dose and show supervising staff who will double check dose with that listed on container and on Physician Request for Self-Administration of Medication Form. If correct, student will administer medication. Supervising staff will return container to locked medicine cabinet.
- Annual renewal of authorization of medications and health care services is required.
- All medications must be picked up by the last day of school, unless other plans for pick-up have been made with the School Nurse, or it will be discarded per Illinois Department of Human Services and Illinois State Board of Education.

**Parental/Guardian Authorization:**

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize St. Thomas the Apostle Catholic School and its employees and agents, on my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of St. Thomas the Apostle Catholic School), lawfully prescribed medication. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against St. Thomas the Apostle Catholic School, its employees and agents arising out the administration of said medication. I addition, I agree to hold harmless and indemnify St. Thomas the Apostle Catholic School, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

\_\_\_\_\_  
 Student Last Name, First Name

\_\_\_\_\_  
 Student Date of Birth

\_\_\_\_\_  
 Student Grade/Homeroom

\_\_\_\_\_  
 Name of Medication

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

\_\_\_\_\_  
 Parent Phone (**ACCESSIBLE DURING SCHOOL HOURS**)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent Address