

Visitation Academy
Live † Jesus

PHYSICIAN/PARENT OR GUARDIAN MEDICATION CONSENT FORM

Date: _____ Student: _____ Grade: _____ Date of Birth: _____

Parent's Name: _____ Home Phone: _____ Mom's Cell Phone: _____

Dad's Cell Phone: _____ Mom's Work Phone: _____ Dad's Work Phone: _____

CONSENT FOR ADMINISTRATION OF PRESCRIPTION MEDICATION

Medication: _____ Dose: _____ Time Interval: _____

Diagnosis or reason for treatment: _____

Possible side effects of medication: _____

Restrictions: _____

Physician Signature: _____

Parent/Guardian Signature: _____

CONSENT FOR ADMINISTRATION OF OVER-THE-COUNTER MEDICATION

I give my permission for the Visitation Academy nurse to administer over-the-counter medications as directed below to my son/daughter for minor complaints such as headache, stomachache, menstrual cramps and muscle pain. These medications include Benadryl, Tums, Ibuprofen, Midol and Tylenol. Both adult and children's strength medications are kept in the nurse's office. These over-the-counter medications are the only ones that are given at school without parent/guardian authorization. Please circle each medication and indicate the dosage you want your son/daughter to receive at school. Please sign form before submitting.

1. These medications are used on a first aid/acute care/emergency basis. Students requiring daily or frequent medications should have the Visitation Academy medication form completed by their primary care physician to receive the necessary medication at school.
2. Only one dose of an "as needed" medication will be administered during any school day. If symptoms are not relieved, parents will be notified.
3. Students are not to carry medications on their person.
4. This consent form is for one year only.

Please list any known allergies: _____

Name of Medication	Please Circle		Dosage
Benadryl	yes	no	_____
Tums	yes	no	_____
Ibuprofen (cramps, headache, discomfort)	yes	no	_____
Tylenol (fever, headache, discomfort)	yes	no	_____
Midol (menstrual cramps)	yes	no	_____

Parent/Guardian Signature: _____