ST. MARY'S SPRINGS
Academy

Prescription Medication Permission Form

Student Name (Last, First) **DOB**

Whenever possible, medications should be administered outside of school hours. The first dose of **any** medication must be given at home, at a doctor's office, or in a hospital setting. **School staff will not give the first dose** of any prescription medication. Please list all prescription medications your child needs to take during the school day; **each must be provided in its original pharmacy-labeled container.** Designated school staff will conduct an initial medication count, and a parent and/or the student must be present. Parents are strongly encouraged to deliver prescription medications directly to the school. If that is not possible, medications may be sent with the student **only if** the parent or guardian contacts the school in advance by phone or email to confirm the medication count. Both a parent/guardian and the prescribing physician must sign off on all prescription medications. If emergency medication is not provided to the school by the first day, the health plan will be considered **void**. In the event of a medical emergency and without the necessary medication on hand, **emergency services (911) will be contacted immediately** for your child's safety. We cannot allow your child to be placed at risk without the proper emergency medications available.

Medication	Dosage	Route	Frequency	Diagnosis

❒ I certify that my child has no known allergies to the above medication(s).

By signing below, I agree that I will keep SMSA informed of any changes in medication(s) or health concerns pertaining to my child. I hereby give my permission for the designee to administer the prescription medication(s) listed above that are required during the school day. I agree to not hold St. Mary's Springs Academy or any designated employee administering medications responsible for any claims arising from the administration of these medications at school. Medication left behind after the last day of school will be destroyed.

Parent / Guardian Name Signature Date

Physician Name Signature Date

Physician Address Office Number Fax Number

APPROVAL FOR STUDENT CARRYING AN INHALER and/or an EPI PEN

This student has received instruction and has demonstrated competency in the use of a metered dose inhaler and may self administer as prescribed.

❒ Yes ❒ No

Licensed Prescriber/Physician Signature: _____ Date: _____

ASTHMA

The provider above is required to send SMSA an ACTION ASTHMA PLAN for any students in grades P3-12 with asthma.
(Only students in grades 6-12 may self carry their inhaler if approved by the provider above.)

ANAPHYLAXIS / EPI PENS

No student is allowed to self carry their EPI PEN at school unless 2 pens are provided. One must be kept in the north or south office at all times. (Only students in grades 6-12 may self-carry their epi pen if approved by the provider above.)

DIABETICS

The provider above is required to send SMSA a DIABETIC MANAGEMENT PLAN for all students with diabetes. Students must have a vial of insulin stored in the north or south office at SMSA in addition to a form of a glucagon.