Our Lady of the Presentation School
150 NW Murray Road
Lee's Summit, MO 64081
Phone (816) 251-1123 Fax (816) 251-1155

MEDICATION ORDER AND CONSENT FORM

MEDICATIONS CANNOT BE ADMINISTERED WITHOUT SIGNED FORM ON FILE IN THE OLP HEALTH ROOM

RETURN TO OLP HEALTH ROOM

_____ _____ _____
Student name Grade Date

PHYSICIAN: Please INITIAL one or more of the listed medications, as appropriate for your patient, and sign the order below.

_____**Acetaminophen** (titrate dosage by age/weight) PO for pain or fever q4hr PRN

_____**Ibuprofen** (titrate dosage by age/weight) PO for pain or fever q4hr PRN

_____**Cough Drops** - allow drop to dissolve in mouth, may repeat q2h PRN

_____**Cough Medication** (titrate dosage by age/weight) PO as directed PRN

_____ **Cold/Allergy Medication** (titrate dosage by age/weight) PO PRN

_____**Other** _____

_____**Other** _____

_____**Other** _____

Physician Signature: _____

Physician Printed Name: _____

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Please administer the physician ordered medication listed above to my child as needed. I understand any medication, prescription or over-the-counter, must be delivered to the Health Room by an ADULT in the **ORIGINAL CONTAINER** with a medication permit signed and on file. Students are not allowed to carry any medication with them. ALL MEDICATIONS (INCLUDING INHALERS) ARE TO BE KEPT IN THE HEALTH ROOM.

_____ _____
Date **Parent/Guardian Signature**

Revision Date 2/6/2017