



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: _____

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