Our Lady of the Presentation School
150 N.W. Murray Road
Lee's Summit, MO 64081
Phone (816) 251-1130 Fax (816) 251-1155

MEDICATION ORDER AND CONSENT FORM

Student name	Grade	Date

_____**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** _____

PLEASE NOTE: MEDICATION CANNOT BE DISPENSED FROM UNLABELED CONTAINERS.

ALL PRESCRIBED MEDICATION MUST BE SENT IN A LABELED PRESCRIPTION CONTAINER FROM THE PHARMACY. ALL OVER-THE-COUNTER MEDICATION MUST BE PROVIDED IN THE ORIGINAL MANUFACTURER'S CONTAINER AND LABELED WITH THE STUDENT/CHILD'S NAME AND DOSAGE. OVER-THE-COUNTER MEDICATIONS ARE NOT STOCKED/SUPPLIED BY THE HEALTH ROOM, PARENTS MUST PROVIDE.

EXPIRED MEDICATIONS CANNOT BE ADMINISTERED.

STUDENTS/CHILDREN ARE NOT ALLOWED TO CARRY MEDICATIONS (PRESCRIPTION OR OVER-THE-COUNTER) WITH THEM. ALL MEDICATIONS ARE TO BE KEPT WITH SCHOOL/CENTER STAFF MEMBERS.

PARENT/GUARDIAN PERMISSION: I hereby give my permission for designated school/center personnel to administer the medication described above as directed by the licensed health care provider. I accept responsibility for immediately notifying the staff of any change in these instructions. Further, I indemnify and hold harmless this school/center, parish, the Kansas City-St. Joseph Diocese and its employees or agents against any claim from the use of this/these medications.

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PARENT/GUARDIAN SIGNATURE DATE