**St. Theresa Preschool**

**Private Physician Request for Administration of Medication**

*(This is a two-sided form)*

**To the Physician,**

**Schools in Pennsylvania may administer medication to a child only under orders of a physician. This applies to both prescription and over-the-counter medications. Please complete this form if you wish your patient to receive medication during school hours.**

STUDENT NAME _____ Grade _____

MEDICATION PRESCRIBED _____

PRESCRIBED DOSAGE AND FREQUENCY _____

TIME OF DAY _____

REASON FOR MEDICATION _____

DOES MEDICATION REQUIRE REFRIGERATION? _____ YES _____ NO

PRECAUTIONS _____

SIDE-EFFECTS _____

IS THE CHILD TAKING ANY OTHER MEDICATIONS? _____ YES _____ NO

IF YES, NAME(S) OF OTHER MEDICATIONS _____

It is my understanding that the employees of St. Theresa Preschool charged with the dispensing of medication my rely

upon my directions as contained in this form to dispense the medication I have prescribed for:

STUDENT'S NAME _____

The authorization shall be in effect from _____, 20____ to _____, 20____. I certify that I am the physician who prescribed the above medication and that the student who is to receive the medication is under my care. I further certify that it is imperative that the medication prescribed be taken during school hours.

DATE_____ SIGNATURE OF PHYSICIAN _____

PRINT NAME OF PHYSICIAN _____

ADDRESS OF PHYSICIAN _____

PHONE NUMBER OF PHYSICIAN _____

EMERGENCY NUMBER OF PHYSICIAN _____

**St. Theresa Preschool**
**Parental Request for Administration of Medication**
*(This is a two-sided form)*

This will confirm the fact that we have requested St. Theresa Preschool and in particular designated school employees, to administer the medication at such time or times as my be directed in writing by the family physician. We will furnish you with a supply of medication and agree, as an inducement to you to comply with our request, to relieve St. Theresa Preschool and Diocese of Allentown and designated employees from liability for injury due to use, misuse, or abuse of said medication or from any kind of injury which may arise from the administration of said medication by injection to our child, whether such damage, injury, use misuse , or abuse be caused by or result from the negligence of the Preschool, its servants, agents, or any other person or persons whatsoever.

I understand that if this release is for oral medication of a liquid medicine, the prescribed medicine will be in a plastic bottle if your child is to bring it to preschool. The bottle also is to contain only one day's supply. Furthermore, the name of the child, and the dosage must be clearly visible on the label on the bottle. If the medication is in the form of a pill, the container properly marked should only contain one day's supply. The other instructions above also apply.

All medication must be in the original container.

SIGNATURE OF PARENT/GUARIDIAN _____

PRINT NAME OF PARENT/GUARDIAN _____

DATE _____