

**MONTINI CATHOLIC SCHOOL
McHENRY, ILLINOIS**

REQUEST FOR THE ADMINISTRATION OF MEDICATION

Medication cannot be administered at school without a Doctor's written order and a written request from the Parent or Guardian. If possible, we request that medication be scheduled so as not to be given at school.

STUDENT NAME _____ **PARENT NAME** _____
ADDRESS _____ **CLASS PLACEMENT** _____

The following information is to be completed by the **PHYSICIAN**:

Name of drug _____ **Dosage** _____ **Time to be taken at school** _____
Number of Days to be given _____ **From** _____ **To** _____
Side Effects _____
Disease or Illness for which medication is prescribed _____
Signed _____ **Phone** _____ **Date** _____
 Physician's Signature

To Parents or Guardians:

It is the belief of the Education Commission that medication should be administered at home. However, under certain conditions, it is in the best educational and health interests of the child to take prescribed medications during the school day. In such cases, the medicine must be prescribed by a doctor and a parental request must be on file in the office. To insure compliance with the rules for administering medication at school, the medicine is to be brought to school by the parent or a responsible adult in a container properly labeled with directions and the Doctor's name. The student is responsible for coming to the office to take the medicine. The parents of the student must assume responsibility for informing the school of any change in the child's health or change in medication. Montini Catholic School retains the discretion to reject requests for administration of medicine. Montini Catholic School or their employees will not be responsible for any errors in administering these medications.

Should your child require any medication during school hours, we request that you sign the following:

PARENTAL REQUEST FOR GIVING MEDICINE AT SCHOOL

I request the secretary or Principal to make provision for my child _____
to receive the medication prescribed _____ according to the instructions above.

Parent Signature

Date