

St. Joseph Hill Academy Health Office
PARENT CONSENT/MEDICATION AUTHORIZATION FORM 2018 - 2019

No medication, over-the-counter or prescription, may be stored or self-administered without the completion of this form. A new medication authorization form must be completed prior to each school year and any time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or health care practitioner.
- Non-prescription medication must be in the original container with the label intact.
- Student or parent must bring the medication to St. Joseph Hill Academy.
- Medication not picked up at the end of the authorized period will be discarded.

Student's Name _____ Date of Birth: _____

HEALTH CARE PRACTITIONER MEDICATION AUTHORIZATION (if applicable)

For prescription or OTC medication. To be completed by student's health care provider.

Medication 1:

Condition for which medication is deemed necessary: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ Student trained to self-administer? yes no

Shall be administered: As needed In Emergency or from _____ to _____
Month / Day / Year Month / Day / Year (not to exceed 1 year)

Medication 2:

Condition for which medication is deemed necessary: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ Student trained to self-administer? yes no

Shall be administered: As needed In Emergency or from _____ to _____
Month / Day / Year Month / Day / Year (not to exceed 1 year)

Medication 3:

Condition for which medication is deemed necessary: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ Student trained to self-administer? yes no

Shall be administered: As needed In Emergency or from _____ to _____
Month / Day / Year Month / Day / Year (not to exceed 1 year)

Health Care Practitioner's Name: _____ National Provider Identifier (NPI): _____

Address: _____ Phone #: _____

Signature: _____ License #: _____ Date: _____

PARENT/GUARDIAN CONSENT AND AUTHORIZATION (required)

[] I authorize St. Joseph Hill Academy's school health office to speak with above named health care practitioner about my child's medical conditions or mental health conditions, and to oversee the administration of the above medications prescribed by the above health care practitioner during the school day at the school health office.

[] I acknowledge that the above conditions or medications may impact my child's academic performance in or outside the classroom setting, and in such case, authorize the St. Joseph Hill Academy school health office and/or the Principal to share known medical or known mental health conditions with my child's teachers.

[] In the event of an emergency, if reasonable attempts to contact me should fail, I authorize St. Joseph Hill Academy employees, agents and affiliates (including club moderators, trip chaperones and coaches) -- during school, extracurricular activities or on school sponsored trips -- to administer any of the above medications to my child, to provide any other medical treatment, or to call emergency services personnel, as they deem necessary. I also release, waive and give up, on behalf of myself and my child, any and all causes of action and claims against St. Joseph Hill Academy, its employees, agents and affiliates (including club moderators, trip chaperones and coaches), arising out of their actions to aid my child in the event of such emergency.

For self administered and carried medications only:

[] I hereby certify that the my child has been fully instructed and is capable of self-administration of Medication(s) Number _____. I further consent to my child carrying Medication(s) Number _____ with her during the school day, during extracurricular activities and on school sponsored trips.

Parent/Guardian Name: _____ Preferred Phone: _____ Phone 2: _____

Emergency Contact Name: _____ Preferred Phone: _____ Phone 2: _____

Parent/Guardian Signature: _____ Date: _____