

ST. JOHN SCHOOL

A PERSONALIZED LEARNING ACADEMY

ELLISVILLE, MO

School Nurse
636.779.2365

Fax #:636.224.3303
nurse@stjstl.net

REQUEST FOR ADMINISTRATION OF MEDICATION Required for ALL medication to be given at St. John School Including prescription and over-the-counter medication.

It is always preferred that prescribed medication be **administered outside of school hours**. However, when medication must be given during school hours, the school will administer medication only if the parent/guardian and physician (if needed) completes the following information.

Without completion of this form, **school personnel may NOT administer medication of any sort**, not even simple over-the-counter medication. **An adult** (not a student) must deliver the medication, in its original container, to the School Nurse. Please, **DO NOT** send a student in with medication of any kind. Please advise the School Nurse of any other information pertaining to a student's health as soon as possible and remember to update any changes in his/her medical history.

I request that the School Nurse or authorized school personnel give the following medication to:

Student Name: _____ DOB: _____ Grade: _____

Name of medication to be given: _____

Reason for medication: _____

Possible adverse side effects to this medication: _____

Time medication is to be given: _____ Dosage to be given: _____

If medication is a prescription:

Physician's Name: _____ (please print)

Physician's Phone: _____ Fax #: _____

Physician's Signature: _____

I give permission for the health procedure and/or medication treatment, listed above, to be administered to my child at school.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone Number: _____

Updated 12/2023