

Appendix A – Administering Medication Form



Resurrection of Our Lord School
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**Archdiocese of New Orleans
Request for School Personnel to Administer Medication
2018 – 2019 School Year**

Please complete all information on this form and return it to the school office. Please note that only medication prescribed by a licensed doctor may be administered at school. All medication must be in a labeled pharmacy container.

Child's Name: _____ Homeroom: _____

Medication to be administered: _____

Dosage: _____

Purpose of medication: _____

Time of day medication is to be given: _____

Anticipated number of days medication needs to be given during school hours: _____

Possible side effects: _____



My signature authorizes the school secretary, principal, or designee to administer the medication, as stated on this form, to my child, _____, and that any side effects from the medication are not the school's responsibility.

Parent's Signature: _____ **Date:** _____

Please see policy in the Student Handbook on administering medication.