

**PERMISSION FORM FOR PRESCRIBED MEDICATION AND
OVER THE COUNTER MEDICATION**

ST. GABRIEL THE ARCHANGEL SCHOOL
5503 BARDSTOWN ROAD
LOUISVILLE, KY 40291
Office: (502)239-5535 Fax: (502)231-1464

ST. GABRIEL CHILD CARE
5503 BARDSTOWN ROAD
LOUISVILLE, KY 40291
Office & Fax: (502)239-1298

Student Name: _____ **Date of Birth/Age:** _____

Grade: _____ **Teacher/Homeroom:** _____

To be completed by the physician or authorized prescriber:

Reason for medication: _____

Name of medication: _____

Medication Dosage: _____ Time or PRN parameters: _____

Route/Form of Medication/Treatment

- Tablet May crush if applicable Liquid Inhaler * Nebulizer
 Blood sugar monitor/check Blood sugar guidelines: _____

Instructions (Schedule and dose to be given at school/child care):

Start date: _____ End date: _____

- For episodic/emergency events only Other dates/duration: _____

Restrictions and/or important effects:

- None anticipated Yes. Please describe: _____

Special storage requirements:

- None Refrigerate Other, describe: _____

Please indicate if you have provided additional information:

- * Inhaler release form for carrying on person More information on back of this form Other Attachments

*Children attending SGCC may not carry inhalers or Epipens in their pockets or backpacks due to child care state licensing regulations.

Date

DOCTOR'S SIGNATURE

Physician's Name (Please Print): _____

Address: _____

Phone Number: _____

Fax Number: _____

To the school: Please report concerns about medication or disease to the above physician.

To be completed by parent or guardian:

I give permission for (name of child) _____ to receive the above medication at school/child care according to standard school/child care policy. (St. Gabriel School and St. Gabriel Child Care require parent/guardian to bring medication in its original container. If the dosage changes, a new form must be filed and bottle must state correct dosage).

Signature: _____ Date: _____ Relationship: _____

Parent/Guardian Phone Numbers: Home: _____ Work: _____
Cell: _____ Emergency: _____

Signing this form shall release St. Gabriel School, St. Gabriel Parish, St. Gabriel Child Care and staff members from any liability of any nature that might result from the administration of medication to the student.

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