



It is the policy of Immaculata High School that NO MEDICATION (prescription, over the counter) is to be kept in the student's possession, backpack, or locker.

All students who require medication must do the following:

1. Present a written consent signed by the parent or legal guardian requesting the administration of the prescribed medication at school. Verbal consent is not acceptable.
2. Written orders are to be provided to the school from the Physician/APN, stating the diagnosis, name of medication, dosage, and time of administration.
3. The medication must be brought to the school in the original pharmacy container with the student's name. OTC medication must be in the original unopened container. NO MEDICATION WILL BE GIVEN TO A STUDENT WITHOUT THIS FORM

PART 1 - COMPLETED BY PHYSICIAN/APN

NAME OF STUDENT

DIAGNOSIS

MEDICATION/ DOSAGE/ FREQUENCY (start/ stop date or duration of the school year)

Signature of Physician/Apn

Date

Printed name/ stamp

PART 2- COMPLETED BY PARENT/GUARDIAN

I request that the medication listed above be administered to _____ during school hours. I understand that only I or the Nurse may administer this medication in school. I hereby release IHS and its employees, the Diocese of Metuchen, and the Bishop of the Diocese of Metuchen from any claims or liability connected with such reliance and agree to indemnify, defend and hold them harmless.

Signature _____ Date _____