5/99 **DIOCESE OF AUSTIN SCHOOLS** **Form #302b**

The policy of the Diocese of Austin only authorizes Catholic School personnel to administer medication (including over-the-counter medication) by a licensed physician or dentist and labeled by a registered pharmacist. The Diocese suggests that, whenever possible, the physician prescribe medication that does not require administration by school personnel. The completion of this form authorizes school personnel to administer medication during school hours. This form must be signed by the physician and the parent or guardian. This form is valid only for the current school year. All medication(s) will be returned to parent/guardian on the last day of classes.

PHYSICIAN'S REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL DURING SCHOOL HOURS

TO THE PRINCIPAL: Please administer to _____ the following
First Name *Last Name*

medication _____ from _____ to _____ in the following
Date *Date*

dosage: _____ for the following health problem: _____
Number of pills, teaspoons, etc. *Description*

_____

Common Side Effects: _____

Special Instructions: _____

_____ _____
Physician's Name (please print) *Physician's Signature*

_____ _____
Physician's Phone Number *Date*

PARENT/GUARDIAN REQUEST

Please administer the above medication(s) to my child in the manner(s) specified by the above physician. I understand that the medication(s) will be administered by a person who is not medically trained. I agree to save, defend and hold the school, Diocese and all personnel harmless from all claims arising out of or related to the proper administration of medication(s).

Date: _____

_____
Parent/Guardian Signature

This form may be duplicated if more than one medication is prescribed. School Fax # 512-869-3244