



St. Mary's School
903 W. Mission Avenue
Bellevue, NE 68005-3998

Phone: 402-291-1694
Fax: 402-291-9667

MISSION

To provide a Catholic education that nurtures students' hearts and minds to become servant leaders in an ever-changing world.

AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION MEDICATION

All medication must be in the prescription container with the original pharmacy label legible. Medication **WILL NOT** be administered if it is not in the original container. Please ask your pharmacist to provide two labeled bottles – one for home and one for school. **Medication will not be accepted if expired. Please arrange medication administration outside of school hours if at all possible.**

Student's Name _____ Grade _____
 Date of Birth _____

For the child named above, I request and grant permission to school personnel (medication will not necessarily be administered by the school nurse) to administer the below medication as ordered by the physician. I understand that it is my responsibility to furnish the medication and any medical equipment needed to administer the medication.

Parent Print Name _____
 Signature of parent _____ Date _____
 Daytime telephone number _____

PHYSICIAN DIRECTIONS

Name of medication to be given _____
 Dosage _____ Route _____ Time(s) _____
 Start date _____ Termination date _____
 Purpose of medication _____
 Possible side effects: _____

 Signature of Prescribing Physician _____ Date _____

 Address of Physician's Office _____ Telephone Number _____

At the close of the school year, a parent or legal guardian must claim any unused medication in the school office. Medication that remains unclaimed at the end of school year will be discarded.