



# SAINT IGNATIUS

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## Prescribed Medication Permission Form

To be completed by the Authorizing Prescriber

Student's last Name      First Name      DOB      Grade

Name of Medication

Form of Medication: \_\_\_\_\_ Tablet/Capsule    \_\_\_\_\_ Inhaler    \_\_\_\_\_ Injection    \_\_\_\_\_ Other

Is this medication for Emergency events only (i.e. Anaphylaxis): Yes \_\_\_\_\_ No \_\_\_\_\_

**(Also need to complete Emergency Allergy Action Plan for epinephrine use)**

Dose to be taken: \_\_\_\_\_

Frequency to be taken/directions:      Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Restrictions &/or Important Side effects:    Check here if none: \_\_\_\_\_

**Check here** \_\_\_\_\_ if this release is for a **metered dose asthma inhaler**, which the student will possess and use at his own discretion in school or at school activities. **(Also need to complete Asthma Action Plan)**

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **To be completed by Parent/Guardian**

I/we request, as legal guardian(s), that my son \_\_\_\_\_ be able to access and self-administer, when appropriate and necessary, the above prescribed medication during school hours or other school-sponsored events or trips. I understand it is my responsibility to provide the medication in its original container and to notify the school of any change or discontinuation of the medication. I hereby waive any liability whatsoever against Saint Ignatius High School or any of its personnel, employees, agents and volunteers which might occur in relation to the provision and self-administration of said medication in the dosage and frequency as prescribed above to my son. I/we consent to allow my son to self-administer the above prescribed medication made available to him by school staff and have completed the necessary self-administration waiver and release. I give permission to the School Nurse to communicate with the prescriber regarding my son's treatment plan.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_