



St. Peter Catholic School Medication Form

Student Name _____ Date of Birth _____

Teacher/Grade _____ School year _____

- In accordance with North Carolina State Law 115C-375.1, authorization from a licensed health care provider and parent permission is required before school employees can administer prescription or OTC medications in school.

Parent Permission

- I do hereby give permission for prescribed medications to be administered to my child by the school nurse or designee.
- I do hereby release St. Peter Catholic School, its administrators, staff, and faculty from any and all damages for any accident, injury, or illness that may result from or related to the administration of the above medication.
- All medications should be labeled with student name and dosage information. Prescription medication must be in original containers clearly indicating patient name, medication, dosing specifics, expiration date, and authorizing physician. Over-the-counter drugs must be received in the original container.
- I will arrange for all medications to be transported to and from school by an adult.
- I understand it is my responsibility to keep track of medication expiration dates and provide replacements for expired medication.

Parent name (printed) _____

Parent signature _____

Phone number(s) _____



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This section is to be filled out by a licensed health care provider with prescriptive authority. Please get additional medication forms if more than two medications are to be left at school.

Student Name _____ Date of Birth _____

Medication Name _____

Dosage _____

How to give (oral, IM) _____

When to give _____

Possible side effects _____

Medication Name _____

Dosage _____

How to give (oral, IM) _____

When to give _____

Possible side effects _____

Printed Name of Healthcare Provider _____

Signature of Healthcare Provider _____

Date _____ Telephone number _____