

**MOST PRECIOUS BLOOD CATHOLIC SCHOOL
120 E. WASHINGTON ST
NEW LONDON, WI 54961**

SCHOOL HEALTH SERVICES

If your child has special health needs such as medication, diet, medication monitoring, etc, school personnel must be informed so that your child's medical needs can be met.

A medication form needs to be completed and returned if your child needs oral or injectable medication in the event of an emergency. This form must be completed and signed by you and your physician for prescription medication. Over the counter medication (i.e. Tylenol, Advil, Benadryl) require parent signature only. It is the parent's responsibility to supply any special foods, equipment, or medication to Most Precious Blood.

PROCEDURES FOR ADMINISTERING MEDICATIONS AT SCHOOL

If you wish to have school personnel administer medication to your child, **you, not your child must bring the medication, to the school office, in it's original container**, properly marked with the NAME OF STUDENT, NAME OF MEDICATION, DOSAGE, AND TIME TO BE GIVEN. Cough Drops are considered medicine. Therefore they will follow the same guidelines as all other types of non-prescription medicine.

A Medication Consent Form must accompany both prescription and non-prescription medication.

School personnel will administer no medication unless the consent form is on file. If a child brings medication to school without the appropriately signed form or non-matching prescription bottle, the school will notify the parent that the medication will not be given until the necessary signatures or labels are provided. In the interim, the parent will be invited to administer the medication to their child at school.

When you know that your child will be on medication, discuss the hours of administration with your physician. It may be possible to regulate the dosage so that the medication could be taken when your child is at home.

Please contact MPB, at 982-2134, with any questions or if there is any change in your child's health status during the school year.

**A MEDICAL CONSENT FORM IS ATTACHED
AND SHOULD BE FILED AS NEEDED.
MORE FORMS ARE AVAILABLE IN THE SCHOOL OFFICE**

MOST PRECIOUS BLOOD SCHOOL

120 East Washington Street

New London, WI 54961

(920) 982-2134

ADMINISTRATION OF MEDICATION CONSENT

A separate form for each medication is needed.

Student Name: _____ D.O.B.: _____

School: Most Precious Blood School

Medication Name: _____ Prescription Non-Prescription

Dosage: _____ Route: _____ Time: _____

Starting Date: _____ Termination Date: _____

Reason for Medication: _____

If "as necessary," conditions under which medication should be given: _____

Precautions, possible unfavorable reactions, and/or interventions: _____

Prescribing Physician Name (please print): _____ Phone: _____

Physician Signature: _____

Date: _____