

BISHOP NEUMANN HIGH SCHOOL
Phone: 402-443-4151
Fax: 402-443-5551

ST. WENCESLAUS GRADE SCHOOL
Phone: 402-443-3336

Prescription Medication Permission and Instruction Form

Date: _____ Student's School: _____

Student's Name: _____ Grade: _____

Parent/Guardians: _____ Phone: Home: _____

Work Numbers: _____

Cell Phone Numbers: _____

Please note: The first dose of a new prescription should be given at home by parent/guardian to observe for any adverse reaction.

Doctor: _____ Dr.'s Phone #: _____

Rx #: _____ Pharmacy: _____

Name of Medication including instructions for administration: (For example:
Amoxicillin 250 mg. one by mouth three times per day. Please give at school at 2:00.)

Start date: _____ Completion date: _____

Possible adverse effects: _____

I/we, as parent/guardian of above named student, request that the designated providers dispense the above named medication to my child as per the instructions on this form and/or on the prescription. I certify that the medication provided is the medication on the Rx. I/we understand that monitoring the effects and possible adverse reactions of this medication remains our responsibility and therefore release the above named school and its' employees from all liability relating to the dispensation of these medications to our child. I/we give permission to share medical information/treatment plan with appropriate school personnel. I/we give permission for appropriate school personnel to contact either the medical prescriber and/or the pharmacy if necessary.

Signature of parent/guardian: _____ Date: _____

[7-9-01 LHardy, R.N.]

