

# *La Salle Academy*

## M E D I C A T I O N P O L I C Y

### PRIVATE PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

Dear Doctor:

The parent/guardian of \_\_\_\_\_, has requested that we administer medication(s), namely: \_\_\_\_\_ to the student during the school day.

It is our procedure to request that medication be given before or after school hours whenever possible.

If it is essential that the student receive the medication(s) during school hours, please complete the following information.

NAME OF MEDICATION \_\_\_\_\_

DOSAGE \_\_\_\_\_

HOW TO BE ADMINISTERED (oral or injected) \_\_\_\_\_

TIME SCHEDULE FOR ADMINISTRATION \_\_\_\_\_

POSSIBLE SIDE EFFECTS OR CONTRAINDICATIONS \_\_\_\_\_

CURTAILMENT OF SPECIFIC SCHOOL ACTIVITY (Sports, gym, etc...) \_\_\_\_\_

OTHER MEDICATIONS PRESCRIBED BY PHYSICIAN THAT STUDENT IS TAKING OUTSIDE OF SCHOOL HOURS \_\_\_\_\_

IS STUDENT CAPABLE OF SELF ADMINISTRATION \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Telephone Number