

**Most Blessed Sacrament Catholic School
& Extended Care
Medication Permission Form**

Most Blessed Sacrament Catholic School
11242 Racetrack Road
Berlin, MD 21811
Phone: (410) 208-1600
Fax: (410) 208-4957

Dear Parent/Guardian/Caretaker & Physician:

Any medication, including all over-the-counter medications, administered by personnel of Most Blessed Sacrament Catholic School and/or MBS Extended Day Care must be accompanied by written orders from your child's physician. The prescription medication must be in a labeled prescription bottle with specific instructions. (Pharmacies will provide bottles for school use.) We have a stock of Adult and Child Strength Acetaminophen and Ibuprofen, as well as Pamprin, Robitussin, and topical Neosporin and Hydrocortisone Cream.

At No Time Is A Student To Transport Or Have In His/Her Possession Any Medication.

Student's Name: _____ Birth Date: _____

Physician's Authorization

Medication: _____

Dose: _____

Time or circumstance of administration at school: _____

Duration of administration: _____

Reason for administration: _____

Side effects to be aware of: _____

Any additional instructions or follow-up: _____

Physician's Signature _____ Date: _____

Phone: _____ Fax#: _____

Verbal Order: In certain instances a verbal order may be taken from a doctor, but this must be followed by a signed order.

Name of Physician: _____

Phone: _____

A verbal order was taken for the following medication above by:

Signature: _____ Date: _____

Parent/guardian/caretaker permission:

I give permission to the nurse or other designated school or extended day personnel to administer the above medication to my child. With this permission, I release Most Blessed Sacrament Catholic School/Extended Day Care and its designee from any responsibility regarding administration of designated medication.

Parent/Guardian/Caretaker Signature: _____ Date: _____