

# SEDES SAPIENTIAE SCHOOL

CLASSICAL CATHOLIC EDUCATION

## MEDICATION IN SCHOOL

(Confidential upon Completion)

2020-2021 Academic Year

### MEDICATION INFORMATION – TO BE COMPLETED AND SIGNED BY PRESCRIBING PHYSICIAN

\*This form must be completed for **any medication** to be administered at school, **including over-the-counter medications** such as Acetaminophen (generic Tylenol), Ibuprofen (generic Advil/Motrin), or Antacid tablets (generic TUMS). All medications, both over-the-counter **and** prescription, the student is scheduled to take during the day are to be supplied by the parent/guardian, labeled with the students' name, and in their original containers.\*

NAME OF STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

DIAGNOSIS / ILLNESS: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

DOSAGE/FREQUENCY: \_\_\_\_\_

SPECIAL DIRECTIONS: \_\_\_\_\_

POSSIBLE SIDE EFFECTS: \_\_\_\_\_

I certify that the above information regarding this student is correct, and that administration of the medication to this Student is necessary.

\_\_\_\_\_  
Signature of Prescribing Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Prescribing Physician (Please PRINT)

\_\_\_\_\_  
Physician Phone #

### PARENTAL AUTHORIZATION – TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

I/We authorize the Head of School, or the Head of School's designee, to administer the above medication as indicated. I/We understand and agree that Sedes Sapientiae School, the Head of School, or the Head of School's designee, shall not be liable for any injury to the Student from the administration of the medication as authorized by my signature below.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
NAME of Parent/Guardian (Please PRINT)

\_\_\_\_\_  
Parent/Guardian Phone #

Please return to the Office at Sedes Sapientiae School.

Mail: c/o 58 Pleasant Hill Rd., Randolph, NJ 07869 • Location: 205 Oak St., Boonton, NJ 07005  
www.sedessapientiaeschool.org • 973-828-5110