

Our Lady of the Presentation School
150 N.W. Murray Road
Lee's Summit, MO 64081
Phone (816) 251-1123 Fax (816) 251-1155

MEDICATION ORDER AND CONSENT FORM

_____ Student name _____ Grade _____ Date _____

PHYSICIAN: Please INITIAL one or more of the listed medications as appropriate for your patient and sign the order below.

_____ **Acetaminophen** (titrate dosage by age/weight) PO for pain or fever q4hr PRN

_____ **Ibuprofen** (titrate dosage by age/weight) PO for pain or fever q4hr PRN

_____ **Cough Drops** - allow drop to dissolve in mouth, may repeat q2h PRN

_____ **Cough Medication** (titrate dosage by age/weight) PO as directed PRN

_____ **Other** _____

_____ **Other** _____

Additional **Prescription or Over-the-Counter Medication** brought from home required for administration during school hours (inhalers, asthma medication, antibiotics, antacids):

RX: _____
Please include drug name, dosage, time, and duration of administration

Diagnosis: _____

Physician Signature: _____

Physician Printed Name: _____ Office Phone: _____

Please administer the physician ordered medication listed above to my child as needed. I understand any medication, prescription or over-the-counter, must be delivered to the Health Room by an ADULT and a medication permit signed and on file. Students are not allowed to carry any medication with them. ALL MEDICATIONS (INCLUDING INHALERS) ARE TO BE KEPT IN THE HEALTH ROOM.

_____ Date

_____ Parent/Guardian Signature