St. Michael Catholic School

Updated 7/15/2026

PERMISSION TO ADMINISTER MEDICATION

School Year: 2026 - 2027

St. Michael Catholic School recognizes that some students may need medication during the school day. Medication will be administered only when this completed form is on file and all school medication policies have been followed.

If your child has a life-threatening or chronic medical condition a medical action plan must be on file prior to the first day of attendance or upon diagnosis.

STUDENT INFORMATION

Student Name: _____

Date of Birth: _____ Grade: _____

Teacher/Homeroom: _____

MEDICATION INFORMATION

Name of Medication: _____

☐ **Prescription Medication**
☐ **Non-Prescription (Over-the-Counter) Medication**

Does this medication require refrigeration?

☐ Yes
☐ No

Diagnosis or Reason Medication is Needed:

_____

_____

_____

MEDICATION INSTRUCTION

Dosage_____

Method of Administration (check one):

☐ By Mouth (Oral)
☐ Inhaled
☐ Topical
☐ Eye Drops
☐ Ear Drops
☐ Injection
☐ Other: _____

Specific Instructions (Example: Take with food, shake well before use, avoid dairy products, etc.)

ADMINISTRATION SCHEDULE

Time(s) medication is to be administered while at school:

Start Date: _____

End Date: _____

MEDICAL INFORMATION

Known Side Effects of the Medication:

Symptoms of the Condition Being Treated:

Known Medication Allergies or Intolerances:

Prescribing Healthcare Provider

Healthcare Provider Name: _____

Office Phone Number: _____

PARENT/GUARDIAN AUTHORIZATION

I request that authorized personnel at St. Michael Catholic School administer the medication described above to my child according to the instructions provided. I understand that:

- Medication must be supplied by the parent or guardian in the original pharmacy-labeled container (prescription medication) or in the original **unopened** manufacturer's container (non-prescription medication).
- Any change in dosage or administration requires a new authorization.
- Medication must not be sent to school with a student.
- Unused medication must be picked up by the parent or guardian at the conclusion of the treatment period or by the last day of school. Medication not picked up may be properly discarded by the school.
- I authorize communication between the school and the prescribing healthcare provider if clarification of these instructions becomes necessary.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____

Daytime Phone: _____

Emergency Phone: _____

PHYSICIAN/HEALTHCARE PROVIDER AUTHORIZATION

(Required for all prescription medications and recommended for medications administered for more than five consecutive school days.)

I certify that the above medication is necessary during school hours and should be administered as directed.

Healthcare Provider Name (Printed): _____

Healthcare Provider Signature: _____ Date: _____

Office Phone: _____

SCHOOL USE ONLY

Medication Received By: _____

Date Received: _____

Medication Expiration Date: _____

☐ Original prescription container received

☐ NonPrescription Medication received in the original manufacturer's unopened container

☐ Parent instructions reviewed

MEDICATION INVENTORY

Quantity Received: _____

(Examples: 30 tablets, 120 mL liquid, 1 inhaler, 2 EpiPens)

Medication Stored In:

☐ Health Office
☐ Refrigerator
☐ Student Authorized to Self-Carry (per physician authorization)
☐ Other: _____

MEDICATION RETURN/DISPOSAL

Date Returned to Parent/Guardian: _____

Quantity Returned: _____

Returned To (Print Name): _____

Signature of Parent/Guardian: _____

School Employee Initials: _____

☐ Medication was picked up by parent/guardian.

☐ Medication was properly disposed of because it was not picked up by the required date, in accordance with school policy.

Date Disposed: _____

Disposed By (School Staff): _____

Witness: _____

Comments

_____

_____

_____

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Medical Action Plans for Life-Threatening and Chronic Medical Conditions

To ensure the health and safety of students with serious medical conditions, St. Michael Catholic School requires a current **Medical Action Plan** completed and signed by a licensed healthcare provider for any student with a condition that may require emergency intervention or specialized medical care while at school or during school-sponsored activities.

A completed Medical Action Plan is required for students with, but not limited to, the following conditions:

- Life-threatening allergies (including food, insect sting, medication, or latex allergies)
- Asthma
- Seizure disorders or epilepsy
- Diabetes
- Cardiac conditions
- Adrenal insufficiency
- Sickle cell disease
- Any other life-threatening or chronic medical condition requiring emergency medication or specific medical interventions

The Medical Action Plan must:

- Be completed and signed by a licensed physician, nurse practitioner, physician assistant, or other authorized healthcare professional.
- Include the student's diagnosis.
- Describe signs and symptoms that require intervention.
- Identify emergency procedures to be followed.
- Specify medications to be administered, including dosage, route, and timing.
- Indicate whether the student is authorized to self-carry or self-administer emergency medication, when permitted by Indiana law and school policy.
- Include emergency contact information.
- Be updated annually or whenever there is a change in the student's medical condition, treatment plan, or prescribed medication.

Parents/guardians are responsible for:

- Providing the completed Medical Action Plan before the student's first day of attendance or immediately upon diagnosis.
- Supplying all prescribed emergency medications in their original, properly labeled containers before the student may attend school.
- Replacing medications prior to their expiration date.
- Promptly notifying the school of any changes to the student's medical condition, treatment, or emergency care instructions.

Students requiring a Medical Action Plan may not attend field trips or other school-sponsored activities requiring emergency medication unless the required medication and current Medical Action Plan are on file and available.

St. Michael Catholic School reserves the right to request additional documentation or clarification from the student's healthcare provider to ensure appropriate care can be provided during the school day.

Examples of Medical Action Plans include:

- Food Allergy & Anaphylaxis Emergency Care Plan
- Asthma Action Plan
- Seizure Action Plan
- Diabetes Medical Management Plan
- Individualized Emergency Care Plan for other life-threatening conditions