

ARCHDIOCESE OF LOS ANGELES  
DEPARTMENT OF CATHOLIC SCHOOLS

**Parent Notification letter for the Administration of Medication at School**

To the parent/Guardian:

Medical treatment is the responsibility of the parent(s)/guardian and the family physician. Medications, **both prescription and over the counter**, are rarely given at school; the only exceptions involve special or serious problems where it is deemed absolutely necessary by the physician that the medication be given during school hours. **The parent/guardian is urged, with the help of your Child's physician, to work out a schedule of giving medication at home, outside of school hours, whenever possible.**

In the event that it is necessary to administer medication during school hours, school personnel will assist in carrying out the physician's recommendations. Medications will be stored in a secured location, as defined by school policy.

**If medication is to be administered at school all of the following conditions must be met:**

- Completion of an authorization form for the administration of medication at school by both the parent and physician. This must include the condition for which the medication is being given, name, routine, and specific instructions for emergency treatment
- Medication must be delivered to the school and picked up by the parent/guardian or other responsible adult.
- Medication must be in a pharmacy-labeled container or a sealed and labeled package. Loose unlabeled pills will not be accepted. (Ask the pharmacy to provide a second labeled container for school use.)
- An appropriate measuring device must accompany all liquid medication.
- A separate form is required for each medication.
- Additional authorization forms are required for inhalers and diabetic management.

**This request is valid for the duration of one academic year. Whenever there is a change in medication, dose, time, the parent(s)/guardian and physician must complete a new form.**

Thank you in advance for your cooperation

**Archdiocese of Los Angeles**  
**Medication Authorization and Permission Form**  
*One form per medication*

**Part A, B, & C to be completed by a licensed physician**  
**Part D by parent/guardian – please print**

**A.** \_\_\_\_\_  
Last name of student                      First Name                      Grade

\_\_\_\_\_  
Name of medication                      Purpose of medication

\_\_\_\_\_  
Dosage                      Frequency (number of times to be administered by school)                      Dose Form (tablet/liquid)

\_\_\_\_\_  
Date of prescription                      Length of time medication will be necessary

**B. Physicians recommendations (check where applicable)**

\_\_\_\_ Notify parent if the student misses medication at school

\_\_\_\_ Medication may have adverse effects. (Explain) \_\_\_\_\_

\_\_\_\_

\_\_\_\_ Special instructions and/or comments: \_\_\_\_\_

\_\_\_\_

**C. Physicians Authorization.** The student to whom this medication is prescribed to is under my care.

\_\_\_\_\_  
Printed Name of Licensed Physician                      Signature of Licensed Physician

\_\_\_\_\_  
Physician Telephone Number                      Date

**D. Parental / guardian permission for medication to be taken during school hours.**

I request that my child, \_\_\_\_\_, be permitted to receive and be assisted/  
supervised in taking the above – prescribed medication at school. I will comply with the policies and procedures  
determined by the Department of Catholic Schools.

\_\_\_\_\_  
Date                      Day Telephone                      Primary Emergency Contact Number

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