ARCHDIOCESE OF MIAMI
Blessed Trinity Catholic School

PRESCRIPTION MEDICATION RELEASE FORM

PARENT REQUEST FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

In order for **Blessed Trinity Catholic School** personnel to dispense medication to your child, this completed form, along with the medication is to be brought to the school by the parent or student. Prescribed medication/treatment may be administered by designated school personnel. The medication should be brought to the school in the original container appropriately labeled by the pharmacy.

NOTE: Prescribed asthma inhaler may be kept by the student and self-administered if a physician indicates the need in writing and considers the student sufficiently responsible. In addition, the physician should list any precautions to be followed on this form.

Student Name:		**ID:**	
		Grade:	

Allergies:

Name of Medication:	
Reason for Medication:	
Dosage:	
Form of Medication/Treatment:	☐ Tablet/Capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Other:
Time Medication is given:	
Restrictions and/or Important Side Effects:	☐ None anticipated ☐ Yes, please describe:
Special Storage Requirements:	☐ None ☐ Refrigerate ☐ Locked storage
Special Administration Procedures:	☐ None ☐ Crush pill ☐ With Food
Start Medication Date:	
Stop Medication Date:	

I, the undersigned, the parent/guardian of _____, request that the above medication or procedure be administered to my child. I release the school personnel and the school district from liability stemming from adverse reactions and all other adverse effects which may occur because of administering the aforementioned medication.

Parent/Guardian signature:		***Date:***	