



St. Francis Xavier Catholic School

1150 South 12th Street
Baton Rouge, Louisiana 70802

Phone: (225) 387-6639
Fax: (225) 383-1215
www.sfxbr.org

Medication Administration Parent/Physician Authorization

I request that my child, _____ in _____ grade
be given medication during school hours as ordered by the physician.

I accept the rules of the school/diocese concerning the administration of medicine, including
the following:

1. The medication may be prescribed by a physician who advises the school that it is necessary for the child to be given the medication at school. The physician's signature is required below, or on a separate note attached to this form. The physician may fax the order on letterhead to 225-383-1215.
2. The medication will be provided to the school by an adult in the original container, which indicates the child's name, physician's name, medication name, dosage, and time to be given. The empty container will be sent home with the child.
3. The school or designated person administering the medication is not responsible for any unintentional mistake or oversight in keeping or giving the child's medication.
4. The only medication given will be for the following:
 - a. Medication for behavior medication
 - b. Medication for allergic reactions with specific instructions
 - c. Medication for asthmatic conditions
 - d. Medications for diabetics
 - e. Medication for a condition being monitored by a physician.

Physician's Order

It is necessary for the medication listed below to be given during school hours.

Medication: _____

Dosage: _____ Time to be given: _____

Duration of Administration: _____

Physician's Signature: _____ Telephone Number: _____

Parent's Signature: _____