



St. Joan of Arc School  
 230 S. Law St.  
 Aberdeen, Maryland 21001  
 410-272-1387

MEDICATION POLICY AND PERMISSION FORM

Any medication, including all over the counter medications, administered by the personnel of St. Joan of Arc School must be accompanied by written orders from a physician. The medication must be in a labeled, prescription bottle with specific instructions. At no time is a student to transport or have in his/her possession any medication.

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_

Physician's Authorization:

Medications: \_\_\_\_\_  
 Dose: \_\_\_\_\_  
 Time of administration: \_\_\_\_\_  
 Method of administration: \_\_\_\_\_  
 Duration of administration: \_\_\_\_\_  
 Reason for administration: \_\_\_\_\_  
 Side effects to be aware of: \_\_\_\_\_  
 Any additional instructions: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Verbal Order: In certain instances a verbal order may be taken from a physician but this must be followed by a signed order within 48 hours.

Name of the physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 A verbal order was taken for the medication above by:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Parent Permission:

I give my permission to the medical or other designated school personnel to administer the above medication to my child.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_