## Immaculate Conception Academy 903 Chestnut St, Douglassville, PA 19518 (610) 404-8645

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Child's Full Name:	Grade/Homeroom:
Date of Birth:	Allergies:
	PHYSICIAN'S REQUEST
Name of prescribed medication:	
Reason:Side Effects:	Route:
Time and dose(s) to be given at ho	
Time and dose(s) to be given at scl	100l:
Medication is to be administered:	
<ol> <li>until completed</li> <li>entire school year</li> </ol>	Date Daily PRN
3. Other:	
PHYSICIAN'S SIGNATURE	PRINTED NAME
DATE	PHONE NUMBER
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permission to do so an  ** I believe this child is She/He has permissio	able and responsible to carry and self-administer his/her inhaler and/or Epi-Pen during school activities. S/he has and has been instructed on how to self-administer.  able and responsible to carry and self-administer the medication during field trips and extra curricular activities. In to do so and has been instructed on how to self-administer.  rough twelve (12) may carry Inhalers or Epi-Pens)
	PARENT REQUEST
constitutes a complete waiver of li	request that the employees (nurse, principal, or principal designee) of administer the above named medication as prescribed by my child's physician. My signature on this document iability claim in any and all respects against the Immaculate Conception Academy and its Board of Directors and all negligent with regard to any claim for injury in connection with administration of the prescribed medication.
responsibility to provide a physici school and my child's physician to responsibility to inform bus driver	wer the medication to the nurse's office in the original pharmacy or physician labeled container. I also accept an's note and my written instructions if the medication is to be changed or discontinued. I give permission for the o communicate regarding this medication and medical condition. I am aware that it is my (the parent/guardian's) rs, day care center, etc. of my child's medical condition and any medications my child takes. I give permission for to notify teachers and other necessary personnel about my child's medical condition.
PARENT/GUARDIAN SIGNA	TURE REQUIRED DATE
List all medications currently being	ng taken by this child:
	haler or Epi-Pen, please complete below. able and responsible to carry and self-administer his/her inhaler and/or Epi-Pen. I give my permission for him/her
	able and responsible to carry and self-administer his/her medication during field trips and extra curricular activities. for him/her to do so.