

*Saint Philip Neri School*

3015 Chestnut Street  
Lafayette Hill, Pennsylvania 19444  
(610) 828-3082  
Fax – (610) 828-2943

**MEDICATION FORM**

Dear Parent:

If it is necessary to give your child medication during school hours, the following procedure must be adhered to:

Name of Student: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_

**Medication Treatment Plan  
To Be Completed By Physician**

Diagnosis: \_\_\_\_\_

**Medication, Dosage, Specific Times & Director for Administration:**

(Please write each medication, dosage, frequency and time separately)

**NOTE:** Medication must be supplied in the original prescription container. Ask pharmacist to divide the medication into two completely labeled containers, providing one for home and one for school.

**Side Effects/Special Instructions:**

**\*Note to Physicians:** Please complete the treatment plan on the back of this form for students who require any special health procedures during school hours; i.e., inhalers, nebulizer treatments, catheterization, suctioning, tube feedings, glucose testing, etc.

\_\_\_\_\_  
*Printed Name or Stamp of Physician*                      *Physician's Signature*                      *Date*

\_\_\_\_\_  
*Physician's Phone Number*                      *Physician's Fax Number*

**Parental Permission  
To Be Completed By Parent(s)/Guardian(s)**

I grant the administrator or his/her designee the permission to assist in the administration of each prescribed medication/procedure to be provided during the school day, including when

\_\_\_\_\_ is away from school property on official school business.  
(Name of Student)

\_\_\_\_\_  
(Signature of Parent(s)/Guardian(s)                      (Date)

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_