Diocese of Fort Worth **Office of Catholic Schools**

MEDICATION PERMIT FORM

Student's name_____ DOB_____Grade_____

Medication_____Dose_____Time_____

Reason for medication_____

Only necessary medication (prescribed for conditions such as ADD/ADHD, Asthma, Diabetes, and Epilepsy) may be administered at school. A Medication Permit Form must be submitted for each medication. All medication should be administered outside of school hours, if possible (e.g., medication to be administered three times per day should be given before school, after school, and at bedtime). Medication can be administered at school only if necessary and under the following conditions:

1. The parent/guardian must complete the Medication Permit Form and return it with the medication to the school office or nurse. ALL prescription medication requires a signed physician's statement submitted to the nurse's office that includes the name of the student, the name of the medication, the dose, the times(s) the medication is to be taken, the diagnosis or reason the medication is needed, and the duration of the physician order.

2. All prescription drugs require a current prescription label. The label must match the written physician's orders. The milligram dosage indicated on the prescription bottle must match the milligram tablet in the container. The medication must match the description on the prescription bottle. Only 30-day supply will be kept in the clinic at any given time.

3. **OTC Medications:** This form must be completed for all over the counter (OTC) medications. All OTC medications must be brought to school in their **original labeled container**. Medications in baggies or unlabeled containers will not be accepted. **Parents are responsible for providing their students with OTC medications.** Some schools stock certain basic OTC medications according to the Diocesan Standing Physician Orders. **Parents should check with their school** to determine which medications are stocked and what paperwork is required. Short-term use (≤10 school days) of OTC medications covered by the Diocesan Standing Physician Orders may be administered by the school nurse or trained staff with parent permission. **Any use longer than 10 school days requires a physician's signature on this form.**

4. The parent is responsible for bringing all medications to the clinic/office. All medications will be counted and recorded. Prescription medications for ADHD, anxiety, and controlled medications (schedule II and above) must be counted and recorded by a parent/guardian and a staff member.

5. Unused medication not picked up by the parent/guardian upon completion of the treatment cycle or the end of the school year, whichever is earlier, will be destroyed.

6. No school personnel will administer the initial dose (first dose) of medication to a student unless it is an emergency rescue medication (ex: epinephrine).

7. All medications must be kept in a locked cabinet/drawer in the school office/clinic and administered in the school office/clinic.

8. High school and middle school students may self-carry epinephrine, rescue inhalers, and diabetic supplies, provided they have received proper education on their use and possess a signed physician statement authorizing self-carry privileges. A second dose of the medication is strongly recommended to be kept in the school clinic. This privilege may be revoked by the school if the student is incapable or acts irresponsibly when carrying or using the medication.

9. At the end of the school year, any remaining medication will be discarded if you do not retrieve it by the last day of school. Medications will not be sent home with students in grades PK-8; only high school students may transport their medications to and from their home and the school office/clinic.

10. Medications requiring advanced training or specialized procedures (such as insulin, glucagon, seizure rescue medications, or nebulizer treatments) will be accepted on a case-by-case basis on campuses without a full-time registered nurse. A detailed physician medical management plan and trained personnel must be available before the student can attend, or as soon as the need is identified if the student already attends school.

11. Experimental medications/dosages will not be given. Herbal medications, dietary supplements, and other nutritional aids that have not been approved as medication by the FDA WILL NOT BE ADMINISTERED AT SCHOOL. Medication that is expired will not be administered at the school clinic.

Physician's signature_____ Date_____Phone_____

Physician's Printed Name_____

I hereby request that the medication specified above be administered to the above-named student, and I acknowledge and agree that the medication may be administered by school personnel who do not possess medical training. I acknowledge and understand that the school is not required to allow medication to be administered by school personnel. I understand that the school's agreeing to allow the medication to be administered is for my benefit and the student's benefit. In consideration for the school agreeing to allow the medication to be administered to the student as requested herein, I agree to forever release, defend, indemnify, and hold harmless the Diocese of Fort Worth, its parishes and schools (including the student's school), its bishop and successor bishops, and all their priests, employees, servants, agents, and volunteers, including the individuals administering or giving the medication, from and against any and all claims, demands, causes of action, judgments, damages, liabilities, or losses of any character, arising out of or in any way connected with administering or giving the medication to the student, or failing to administer or give the medication to the student.

Parent/Guardian Signature_____Date_____Phone_____

Last Modified 5/12/26