Incarnate Word Academy
2019-2020 Medication Permission Form

STUDENT LAST NAME	STUDENT FIRST NAME	GRADUATION YEAR

KNOWN ALLERGIES ❍ **YES** ❍ **NO**

Please list any allergies: _____

Self-Carry Epi-Pen? ❍ **YES** ❍ **NO** **Current physician permission form and parent signature required. (sign below)**

Self-Carry Inhaler? ❍ **YES** ❍ **NO** **Current physician permission form and parent signature required. (sign below)**

DIABETES POLICY All diabetics must have a current School Action Plan in the main office at the beginning of the school year. Students may keep emergency medications (insulin, Epi-pen, etc.), if authorized by the school with proper documentation (parent note and physician order.)

MEDICATION POLICY

All prescription must be kept in the main office under the supervision of the school personnel. Students may keep emergency medications (inhalers, Epi-pen, etc.), if authorized by the school with proper documentation (parent note and physician order.) **Students should not have any prescription medication kept in their locker or on their person.**

Prescription Medication: Written permission from a parent for trained school personnel to administer the medication **and** a current physician permission note will be required for all medications stored in the Main Office. A current pharmacy labeled container can be used as a physician's permission note and a written order may be requested in needed. It must be in a sealed container with a current pharmacy label.

Over-The-Counter Medication: Students requiring over-the-counter pain medication (acetaminophen, ibuprofen), antacid (TUMS), or antihistamine (Benadryl) for allergic reactions, will be administered with a current signed parent'sconsent form renewed each school year. They also can carry this on their person or kept in their locker and take when needed. **They cannot share any over the-counter medication with anyone else.**

Other non-prescription medications kept in the Main Office require the same written authorization (parent note and physician permission form) and must be in their original containers. Examples listed below.

MEDICATION PERMISSION

In case of headache, fever, stomach upset, minor pain, allergic reaction, etc., I give my daughter permission to receive the following medications under the direction of the school trained office personnel.

TYLENOL (ACETAMINOPHEN) ❍ **YES** ❍ **NO**
One Dose Maximum (500 mg or 1000 mg)

ADVIL/MOTRIN (IBUPROFEN) ❍ **YES** ❍ **NO**
One Dose Maximum (400 mg)
If a student has an allergy to aspirin, she is at greater risk for allergic reaction to ibuprofen.

TUMS/ROLAIDS ❍ **YES** ❍ **NO**
One Dose Maximum (2 tablets)

BENADRYL (DIPHENHYDRAMINE HCl) ❍ **YES** ❍ **NO**
One Dose Maximum and **Only for Allergic Reactions** (25 mg or 50 mg)

Emergency Medication: An emergency supply of life-saving medication (as related to diabetes, food allergies, asthma, etc.) can also be kept in the Main Office and requires the same written authorizations (parent note and physician permission form).

PARENT/GUARDIAN SIGNATURE DATE

Questions? Contact Charlene Pisciotta in the General Office at 314-725-5850, ext. 1187 or cpisciotta@iwacademy.org

THIS FORM MUST BE RENEWED ANNUALLY.