

DIOCESE OF LINCOLN CATHOLIC SCHOOLS
PARENTAL REQUEST TO PROVIDE PRESCRIPTION MEDICATION

This form must be completed before any prescription medication will be administered at school.

Student's Name _____ Grade _____ Parent/Guardian's Name _____

Medication _____ Rx# _____ Dose _____

Possible side effects may include _____

I, _____ (Parent / Guardian) give permission for _____ (School)

to administer the above mentioned prescription medication authorized by the child's physician.

This is to be administered at _____ on _____ (time(s)) (date(s))

Doctor prescribed _____ Phone # _____

Pharmacy _____ Phone # _____

#1 Parent/Guardian _____ Phone # _____

#2 Parent/Guardian _____ Phone # _____

Your written consent is **required** prior to school personnel providing or administering prescription medication to your child at school. By signing below you agree to the following:

- I certify that the prescription provided is the medication that my child's medical provider authorized with the pharmacy label attached to the original medication bottle.
- I give permission to share medical information/treatment plan with appropriate school personnel.
- I give permission for appropriate school personnel to contact either the medical prescriber and/or the pharmacy if necessary.
- I understand that side effects and other adverse consequences are possible as a result of the use of medication and I release the school and its employees from all liability relating to the dispensation of these medication(s) to my/our child or my child's refusal to take his/her medication. **Note:** The first dose of a new prescription should be given at home by parent/guardian to observe for any adverse reaction.

(parent/guardian signature)

(date)

2025-2026 RX Medication Record

Name _____ Grade _____ Medication _____ Dosage _____

| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Aug | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sept | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct | | | | W | W | | | | | | W | W | | | | | | W | W | | | | | | | | | | | | | |
| Nov. | W | W | | | | | | | W | W | | | | | | | | | | | | | | | | | | | | | | |
| Dec | | | | | | W | W | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb | W | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March | W | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | W | W | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Place initials in the box with the date

Notes _____

- A: Absent
- R: Refused
- ER: Early Release
- W: Weekend