



# SKAGGS CATHOLIC CENTER, LLC

300 East 11800 South, Draper, UT 84020

Juan Diego Catholic High School 801-984-7650-O, 801-984-7601-F

Saint John the Baptist Middle School 801-984-7614-O, 1-801-984-7649-F

Saint John the Baptist Elementary School 801-984-7108-O, 801-984-7122-F

Guardian Angel Daycare 801-984-7135-O, 801-984-7122-F



## Parent/Guardian

### Authorization to Administer Medication at school

#### For Prescription and Over-the-Counter Medications including Ibuprofen and Tylenol

- I hereby authorize Skaggs Catholic Center Staff to administer only the medication described below to my child Name: \_\_\_\_\_ Date: \_\_\_\_\_
- I understand that the medication is to be furnished by the parent and brought to the school in the original container. Each medication needs to be labeled with the child's name, medication name, time, dosage, and healthcare providers name.
- If there is a change in the prescription, a new parent consent form and new healthcare providers order must be completed before the staff can administer the new medication.
- Nurses and staff are *not* authorized to administer the first dose of an antibiotic because of concerns that the patient may experience an anaphylactic reaction.
- All medications must be delivered and picked up by an adult. All medications must be picked up within the last two weeks of the last dose given.
- I understand that by signing this form, I am giving permission to the school nurse to contact the healthcare provider if clarification is needed for administration of the medication(s) listed, and I am willing to meet all parental responsibilities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

## Health Care Provider

### Authorization to Administer Medication at School

The above named student is in my care. The following medication(s) has been prescribed for the treatment

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

Symptoms: \_\_\_\_\_

Common Side effects can include: \_\_\_\_\_

Name of Medication	Dosage	Route	Time

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This order can only be signed by MD, Dentist, Nurse Practitioner, Certified Physicians, or Registered Nurse



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