

REQUEST FOR MEDICATION TO BE ADMINISTERED

Cadet Name _____

Date of Birth _____

All cadets receiving **prescription or over the counter medications** must have medications in appropriately labeled container and this form completed by the physician or primary care provider and parent/guardian. Medications will not be administered without this form, including vitamins, supplements, inhalers, cream/ointments, and over-the-counter medications. Written medication orders will be effective only one school year and must be renewed annually. Medications will only be administered as directed in writing by physician. **Prescription changes must be faxed to SJMS Infirmary, Attention: Nurse, at 785-309-5489 or mailed to St. John's Military School Infirmary, P.O. Box 5020, Salina, Kansas 67402-5020.**

Physician to complete

Please print names of medications and instructions to administer in detail. For example: Concerta 54mg daily M-F only, (if medications are only to be taken Monday-Friday, am/pm, etc., please indicate that in instruction).

Medication	Dose	Frequency	Diagnosis

() Student may carry inhaler with him at all times to use as directed by physician

 Printed Name and Address of Physician/Provider Telephone Number

 Physician/Provider Signature Date

Parents to complete

I understand that it is my responsibility to furnish the medication and any school employee who administers any medication to my cadet in accordance with written instructions from the prescribing physician/provider shall not be liable for damages as a result of any adverse drug reaction suffered by the cadet because of administering such medication. I give permission for the exchange of information between the SJMS school nurse / other school representative and the prescribing / pharmacy should a question or concern arise.

 Parent/Guardian Signature Date (**Required even if not on medication**)

See Omnibus for additional information.