



CRISTO REY KANSAS CITY

A SISTERS OF CHARITY OF LEAVENWORTH HIGH SCHOOL

REQUEST FOR ADDITIONAL MEDICATION TO BE ADMINISTERED
DURING SCHOOL ATTENDENCE AT
CRISTO REY KANSAS CITY
211 West Linwood Boulevard
KANSAS CITY, MISSOURI 64111

Medications must be brought by the parent to school in the original container and appropriately labeled by the pharmacy, physician, or manufacturer. Please fill in ALL of the information below. If this is a new medication, the FIRST dose should be given at home under parent supervision. STUDENTS CANNOT KEEP MEDICATIONS WITH THEM except for inhalers.

NAME OF STUDENT: _____

DATE MEDICATION TO BE STARTED AT SCHOOL: _____

DATE MEDICATION ORIGINALLY STARTED: _____

NAME OF MEDICATION: _____

DOSAGE (example: "one 500mg tab"): _____

TIME(S) TO ADMINISTER AT SCHOOL: _____

ANTICIPATED NUMBER OF DAYS TO BE GIVEN AT SCHOOL; _____

REASON MEDICATION BEING GIVEN: _____

POSSIBLE SIDE EFFECTS: _____

NAME OF PRESCRIBING PHYSICIAN: _____

I hereby give my permission for _____

To take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication.

Signature of Parent / Legal Guardian

Date

Signature of Nurse

Date