



Diocese of Trenton

Guidelines for Request for medication to be administered during Religious Education

REQUEST FOR MEDICATION TO BE ADMINISTERED BY PARISH NURSE

Student:	D.O.B.:	
Teacher:	Grade:	Room:
PARENTAL REQUEST		
I, the parent/guardian of _____, I request that the parish nurse administer the medication prescribed by my child's physician to my child at the prescribed time.		
I agree to bring the supply needed of the medication to the parish nurse. The medication will be brought to school in its original container appropriately labeled by my pharmacy.		
Signature of Parent/Guardian	Date	
Address		
Phone #		
PHYSICIAN'S STATEMENT		
In order to protect the health of _____		
It is necessary for her/him to have the following medication during Religious Education hours.		
Medication:		
Dosage:		
Time to be administered:		
Purpose of medication:		
List any possible side effects that might be expected:		
Diagnosis:		
I authorize the parish nurse to administer the above medication.		
Signature or Physician	Date	
Print Physician's Name	Phone	



Diocese of Trenton Religious Education Medication Authorization Form

This form is to be completed by the student's parent(s/guardian(s)). A new form must be completed every year and will be maintained in the Religious Education office.		
Name of Student		Birthdate
Teacher	Grade	Room
Home Address		
Primary Phone		Emergency Phone
This section is to be completed by the student's physician, physician assistant, or advanced practice RN.		
Physician's Name (Printed)		Physician's Signature
Office Address		
Office Phone		Emergency Phone
Medication Name		
Purpose of Medication		
Dosage		Frequency
Administration Time/Circumstances		
Prescription Date		Discontinuation Date
Diagnosis		
Side Effects		
Other Medications of Student		
For parents/guardians to permit dispensation of the listed medication by a parish nurse:		
I give permission for the nurse to dispense the listed medication as indicated.		
Signature		Date
For parents/guardians of students who need to carry asthma medication or an EpiPen®:		
I authorize the Religious Education Program and its employees and volunteers, to allow my child or ward to possess and use his/her asthma medication and/or epinephrine auto-injector: 1-while at Religious Education or at a Religious Education sponsored activity, 2-while under the supervision of Religious Education personnel, or 3-before or after normal Religious Education -sponsored activities on parish property.		
Signature		Date
For parents/guardians to permit dispensation of the listed medication by parish personnel in an emergency:		
By signing below, I agree that I am primarily responsible for the administration of medication to my child. However, in the event that I am unable to do so or in the event of an emergency, I hereby authorize the parish and its designees and agents, in my behalf, to administer or attempt to administer the listed and lawfully prescribed medication in the manner stated above or allow my child to self-administer, while under the supervision of the designees or agents of the parish. I understand that it may be necessary for the administration of medication to my child to be performed by an individual other than the parish nurse and specifically consent to such practices and I agree to indemnify and hold harmless the Diocese of Trenton, the parish and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of the child's self-administration of medication.		
Signature		Date