



Sacred Heart School
Enlightening Minds ♥ Enriching Souls ♥ Inspiring Hearts
701 Franklin St. West Reading, PA. 19611
610-373-3316

IMPORTANT MEDICATION REMINDER

August 31, 2010

If your child needs to take medication during the course of the school day, please remember the following:

1. If your child needs an inhaler, it needs to be in the school office. If an inhaler is needed and is not in school, your child will not be able to participate in gym class.
2. If your child needs an Epi-Pen or Benadryl for an allergy related medical emergency, be sure that the medications is sent to the school office.
3. It is always best, if your child needs the above medication, to have one on hand at home and one in school.
4. Medication must be in the original container, clearly marked with the directions and the name of the child. Your pharmacist should be able to give you two containers if you need to keep medication at home and in school.
5. A signed medication form must be completed for prescriptions and over-the-counter medication.
6. Check expiration dates.
7. Try to give prescription medication at home. Example: Antibiotics

Thank you for your cooperation with this important matter.

Sincerely,

Kathy Napolitano, Principal



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PHYSICIAN'S REQUEST

Name of medication: _____

Reason: _____

Side Effects: _____

Time and dose(s) to be given at school: _____

Medication is to be administered:

1. Until completed. Dates to be given at school:

2. entire school year: Daily PRN

3. other: _____

PARENT REQUEST

I, the parent/guardian of request that the employees (nurse, principal, or principal designee) of Sacred Heart School to administer the above named medication as prescribed by my child's physician. My signature on this document constitutes a complete waiver of liability claim in any and all respects against the Sacred Heart School.

Additionally, **I agree to hand deliver** the medication to the nurse's office in the original pharmacy or physician labeled container. I also accept responsibility to provide a physician's note and my written instructions if the medication is to be changed or discontinued. I give permission for the school and physician to communicate regarding this medication and medical condition.

Date: _____ Parent/Guardian Signature _____

List all medications currently being taken by this child: _____