



St. John's Military School

PO Box 5020, Salina, Kansas 67402-5020
785.823.7231 • Fax 785.309.5489



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, prn, 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 concerns arise.

Parent/Guardian Signature Date _____

See Omnibus for additional information.