

ST. LOUIS **BALLET SCHOOL**

Request for Self-Administration of Medication

The following information is for parents/guardians concerning the administering of medications at Saint Louis Ballet School (SLBS)

1. The dispensing of medication at SLBS is discouraged and it is recommended that medications be given either before or after classes with the exception of medications that cannot be given on an alternative schedule.
2. Prescription medication must be in a labeled container from the pharmacy that includes the child's name, current date, name of medication, instructions for administration and the prescribing physician's name. Homeopathic and over-the-counter medications must be in their original container and labeled with the child's name.
3. A Medication Administration Form must be signed by a parent/guardian and the prescribing physician and must accompany all medication: prescription, over-the-counter and homeopathic. A separate form must be submitted for each medication and for any changes in dosage or frequency.
4. If your child has asthma, diabetes or a history of anaphylaxis and you and your physician feel it is necessary to carry a "rescue" inhaler, diabetic supplies or an EpiPen® at all times, then a Request for Self-Administration of Medication form must be completed and signed by both parent/guardian and the prescribing physician in addition to the Medication Administration Form.
5. A new Medication Administration Form and Request for Self-Administration of Medication form must be submitted annually with each school year.
6. SLBS reserves the right to reject requests for administering medication and to contact the prescribing physician for any questions/concerns.

For Inhaled, Diabetic and Emergency Medications

Student Name (print) _____

Medication Dosage _____

_____ (physician's initials) I have instructed the above-named student in the proper way to use the above-named medication. It is my professional opinion that he/she is cognitively and developmentally competent to carry and self-administer the above-named medication.

Physician's Name (print) _____ Date _____

Physician's Phone Number _____

Physician's Signature _____

_____ (parent/guardian's initials) I have instructed my child on the proper way to use his/her medication and have discussed with my child how to safely carry her/her medication while at SLBS.

_____ (parent/guardian's initials) I have reviewed the medication policy and I give consent for my child to carry and self-administer the above-named medication while at school. I release SLBS personnel from any liability should an adverse reaction or injury result arising from the self administration of the medication by the student.

Parent/Guardian's Name (print) _____ Date _____

Parent/Guardian's Phone # _____

Parent/Guardian's Signature _____

_____ (student's initials) I have been instructed and understand how to carry and self-administer my medication. I understand that I am the only person allowed to use my medication and it is to remain in my backpack or other designated safe place unless I need to use it.

Student's Signature _____ Date _____