

ST. LOUIS **BALLET SCHOOL**

MEDICATION ADMINISTRATION FORM

Only medication, prescribed by a healthcare provider licensed or otherwise authorized by state law to prescribe medication and with written permission provided by a parent/guardian will be given at Saint Louis Ballet School (SLBS)

The following information is for parents/guardians concerning the administering of medications at ballet.

1. The dispensing of medication at SLBS is discouraged and it is recommended that medications be given either before or after school with the exception of medications that cannot be given on an alternative schedule.
2. Medication must be brought to school by a parent or another responsible adult and taken to the office for secured storage.
3. 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 prescriber's name.
4. A Medication Administration Form (MAF) must be signed by a parent or guardian. A signature by the authorized prescribing healthcare provider is also required for over-the-counter and homeopathic medications. A prescription label will be considered the equivalent of a prescriber's written direction unless further clarification is warranted based on insufficient information on the prescription label. A separate form must be submitted for each medication and for any changes in dosage or frequency.
5. If your child has asthma, diabetes, or a history of anaphylaxis that may warrant carrying and self-administering medication, then a **Request for Self-Administration of Medication Form (RSAM)** must be completed and signed by both a parent/guardian and the authorized prescriber in addition to the aforementioned Medication Administration Form (MAF). In these circumstances a written treatment plan by the prescriber is also requested.
6. A new Medication Administration Form and Request for Self Administration of Medication form must be submitted annually with each school year.
7. The ballet school reserves the right to reject requests for administering medication and to contact the authorized prescriber for any questions or concerns.

I hereby request and authorize the school nurse, or her designee, to administer the following prescription medication to my child while attending classes/programs at Saint Louis Ballet School.

Child's Name (print) _____
Name of Medication _____
Diagnosis _____
Reason for medication to be given at school _____
Dosage to be given _____
Frequency/Time to be Given _____
Possible Side Effects _____
Physician's Name (print) Physician's Phone # _____
Physician's Signature Date _____

I hereby request and authorize the school nurse or her designee to administer the above medication to my child and I release school personnel from liability should adverse reactions or injury result from the administration of the medication.

Parent/Guardian's Name (print) _____
Parent/Guardian's Contact # _____
Parent/Guardian's Signature Date _____