

# Loyola Academy Medication Authorization

**\*\*All medications require physician and parent signatures**



HEALTH OFFICE  
847 920/2451  
FAX 847 920/2401

Student Name _____	ID# _____
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Medication Allergies: \_\_\_\_\_

## NON-PRESCRIPTION MEDICATIONS

Health Services keeps these medications in stock: Ibuprofen (Advil), Acetaminophen (Tylenol), and Diphenhydramine (Benadryl). All other non-prescription medications must be brought to health Services by a parent/guardian in a manufacturer-labeled container. Over-the-counter medication authorizations are valid until graduation unless otherwise specified.

Please authorize medication administration by checking the appropriate boxes or filling in *other medication*:

- Advil 2 tablets (200 mg each) every 6 hours as needed
- Tylenol 2 tablets (325 mg each) every 4 hours as needed
- Benadryl 1-2 tablets (25 mg each) for allergy symptoms or allergic reaction
- Other medication \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

## PRESCRIPTION MEDICATIONS

(MUST BE RENEWED AT THE BEGINNING OF EACH SCHOOL YEAR)

### Medications for asthma, allergies, and diabetes:

With physician and parent authorization, a student may carry a labeled inhaler, EpiPen/Benadryl or Insulin and diabetic supplies. Back-up medication stored in Health Services is encouraged in case of emergency.

#### Physician orders for:

Inhaler: \_\_\_\_\_  
EpiPen/Benadryl: \_\_\_\_\_  
Insulin and glucose monitoring \_\_\_\_\_

#### Other Prescription Medications:

All medications must be brought to the Health Office by parent/guardian in a prescription-labeled container.

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_ Duration of order \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage \_\_\_\_\_

Frequency: \_\_\_\_\_ Duration of order: \_\_\_\_\_

Other medications not taken at school that may impact learning: \_\_\_\_\_

Medical Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_