



**Saint Joseph Regional School**

92 Wilson Street  
Keene, NH 03431

Phone 603/352-2720  
Fax 603/358-5465  
www.stjosephkeene.org

*Pre K-Grade 8*

**Our Lady of Mercy Academy**

161 Main Street  
Keene, NH 03431

Phone 603/352-2720  
Fax 603/358-5465  
www.mercyacademykeene.org

*Grades 9-12*



**OUR LADY OF MERCY ACADEMY**

**PRESCRIPTION MEDICATION ADMINISTRATION FORM**

This form is a request to have prescription medication administered in school during school hours. Medication provided must be in the original prescription container which includes the following legible information on the label:

- Student's name
- Date prescription filled
- Medication
- Time and dosage to be given
- Name of prescribing physician

The medication will not be given in school if the date on the prescription container is over one year old. Remaining medications not consumed by the end of the school year should be picked up before the last day of school. If not picked up, it will be destroyed in the presence of a school administrator.

Please notify the Main Office if there is any change in your child's prescribed medication, or if you have any questions or concerns.

Name of Student: \_\_\_\_\_

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

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

Time: \_\_\_\_\_

Directions for Administration: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

Date: \_\_\_\_\_