Medication Administration Physician Order / Parent-Guardian Consent

Student Name: ___________________________ Date:/Time: ______________
School: ___________________________ Teacher/Grade: ______________

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, each student must provide the school nurse with a Medication Administration Consent form signed by the student’s parent/guardian and a Medication Order from a licensed prescriber. Medications must be in the original prescription bottle/container from a pharmacy. All medications must be delivered in person by the student’s parent/guardian, per School Board policy 210.

Parent/Guardian Consent:

I give permission for my child, _________________________________________ to receive the following medication ordered by a licensed prescriber during the school day. I understand that the medications will be given by school health personnel according to my child’s licensed prescriber's directions.

Parent/Guardian signature: __________________________________ Date: ______________

Parent/Guardian name printed: _____________________________ Phone: __________

Licensed Prescriber Medication Order:

Patient’s Name: __________________________________ Date: ______________

Name of medication: __________________________________________

Route & dosage: __________________ Time of administration: __________

Directions: ______________________________________________

Discontinuation date: __________________________

Allergies: ______________________________________________

Can medication be withheld on a field trip? YES or NO

Can medication be administered late for 2 hour delay? YES or NO

Licensed Prescriber signature: __________________________________

Licensed Prescriber name printed: ___________________________ Phone: ________