Consent Form for Administration of Medication During the School Day

Before any medication is administered by school personnel, this form must be completed and on file in the school office. It must be renewed each year. Student Name_____ Birthdate____ Grade_____ Home Address Physician's Order (Medical Provider Fills In) I have prescribed the following medication for this child and request school personnel administer the dosages given during the school day. Medication____ Dosage and Time Instructions for Giving Medication Possible Side Effects Diagnosis/Medical Reason for Medication Inhalers, insulin, epi-pens: has child received instructions & permissions for self-administration? Yes or No Physician's Signature_____ Date_____ Print Name Office Address Phone______Phone ******************************** Parent/Guardian Authorization For Prescription Medication A Doctor's Order is Needed Along with this Authorization Parent, please initial on the line ____ I request the medication(s) listed by my medical provider on this sheet, be given during the school day. ____ I give permission for the school nurse/designee and physician or medical provider to exchange information regarding this medication and the diagnosis for which it is prescribed. I release school personnel from any liability in relation to the administration of this medication at school. (Administration of this medication will not necessarily be done by a school nurse.) I will provide this medication in the original, properly labeled pharmacy bottle and transport it to school. I will provide a medication discontinuation order from the physician if medication is stopped. I understand that this form does not apply to after school activities or summer school. *Any medication left after the last day of school will be discarded within 24 hours. Parent/Guardian Signature ********************************** Parent/Guardian Authorization For Non-Prescription Medication A Doctor's Order is NOT needed for non-prescription medication. Parent should fill in this section. Medication_____ Purpose for Giving Medication_____ Amount to be Given_____ Frequency_____ Parent, please initial on the line I release school personnel from any liability in relation to the administration of this medication at school. (Administration of this medication will not necessarily be done by a school nurse.) I will provide medication in the original bottle with child's name on it and transport it to the school. I understand that this form does not apply to after school activities or summer school. Parent/Guardian Signature____ For Office Use Only – Short Term Medication Documentation – Medication_____ Date Time Signature Date Time Signature Date Time Signature