

**CATALINA FOOTHILLS SCHOOL DISTRICT
HEALTH SERVICES**

AT SCHOOL MEDICATION ADMINISTRATION CONSENT FORM

STUDENT: _____ **GRADE/ TEACHER:** _____

Name of Medication: _____

Dosage: _____

Expiration date: _____

Time to be given: _____

Expected duration of treatment: From _____ To _____

Prescriber's Name: _____

Reason for Medication: _____

Known Drug or Food Allergy: _____

Parent/Guardian Signature: _____ **DATE:** _____

When it is essential to a student's health that medicine (prescription or Over-the-Counter (OTC)) be taken during school hours:

- There must be a written order from a licensed Arizona health care provider stating the name of the medicine, the dosage and the time it is to be given. Parent consent form must be completed. Medication must be FDA approved.
- The medication must be in the original pharmacy or Over-the-Counter (OTC) container.
- Forms for students to carry and self-administer Epinephrine auto-injectors and Inhalers are available from the health office or on the Health Services Webpage.
- Parents must hand deliver prescription and all medication to the school health office.
- Supervision of medication administration protocol is managed by a Registered Nurse. In the nurse's absence, medication will be administered by an agent/district employee designated by the principal: usually the health assistant or office secretary.
- Students may not carry any medications on campus other than Epinephrine, Rescue inhalers, or Diabetic supplies with written permission.

***Physician Signature authorizes administration of the above Over-the-Counter (OTC) medicine, in the dosage, route, and frequency indicated above, by the School Nurse or designee.**

Physician Signature _____ Print Physician Name _____

Physician Phone _____ Physician Fax _____

Date medication returned to parent	Amount returned	Parent Signature	RN/ HA initials