

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 OTC container.
- Forms for students to carry and self-administer epinephrine auto-injectors and inhalers are available from the health office/website.
- Parents must hand deliver prescription 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 _____ Print Physician Name _____

Physician Phone _____ Physician Fax _____

Physician Signature authorizes administration of the above OTC/prescription medication, in the dosage, route, and frequency indicated above by school nurse or designee.

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