

**Medication Administration Consent Form**

Student's Name	Date of Birth	School	Grade

Medication			
Dosage			
Expiration Date			
Reason for Medication			
Time to be Given			
Expected Duration of Treatment	Date from:	Date to:	
Prescriber's Name			
Known Drug or Food Allergy			

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**When it is essential to a student's health that medication - prescription or over-the-counter (OTC) be taken during school hours:**

- Medication Administration Consent Form must be completed.
- There must be a prescription from a licensed medical provider stating the name of the patient, name of the medication, dosage and time to be given on the bottle.
- Medication must be in the original, non-expired, prescription or OTC container, and FDA approved.
- **If medication is over-the-counter (OTC) there must be a physician co-signature on this Medication Administration Consent Form.**
- Parents must hand deliver medications 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 a district employee designated by the principal, who is usually the health assistant or office secretary.
- Students may NOT carry any medications on campus other than epinephrine, rescue inhalers, or diabetic medication/supplies with written parent permission.
- Forms for students to carry and self-administer epinephrine auto-injectors and rescue inhalers are available from the health office and on the District Website under Health Services.

**Physician's Signature authorizes administration by the school nurse or principal designee of the above OTC medication in the dosage, route and frequency indicated above.**

Physician Name Printed: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Initial Amount of Medication Received: \_\_\_\_\_ Date: \_\_\_\_\_