

Medication Administration Consent Form

Student's Name	Date of Birth	School	Grade

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 medical provider co-signature on this Medication Administration Consent Form.**
- Parents/legal guardians 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.

Medication	
Dosage	
Expiration Date	
Reason for Medication	
Time to be Given	
Prescriber's Name	

Parent/Legal Guardian Signature: _____ Date: _____

Licensed health care provider's signature authorizes administration by the school nurse or principal designee of the above OTC medication in the dosage, route, and frequency indicated above.

Health Care Provider Name Printed: _____ Phone: _____

Health Care Provider Signature: _____ Fax: _____

Date medication returned to Parent/Legal Guardian	Amount returned	Parent/Legal Guardian Signature	RN/HA initials

Initial Amount of Medication Received: _____ Date: _____