



Medication Administration Consent and Medication Order

All medications must be in original, labeled prescription bottles or containers from a pharmacy, and hand-delivered by the parent/guardian to the school. Empty prescription bottles/containers must be picked up by the parent/guardian within five business days.

Student Name: _____ **Date:** _____

In accordance with state policy, medication(s) must be given at home before and/or after school. However, non-medical personnel are permitted to administer medications in an emergency situation. If your child can self-administer non-emergency medications, his or her physician must affirm below that the child is capable of self-administration. Prior to receiving the medication at school, each student must have on file with the school office the Medication Administration Consent form (below) signed by the student's parent/guardian and a medication order completed by a licensed prescriber. All medications must be in original, labeled prescription bottles/containers from a pharmacy, and hand-delivered by the parent/ guardian to the school.

Parent/ Guardian Consent:

I give my permission for my child, _____, to receive the following medication ordered by a licensed prescriber during the school day. I understand that the medications will be given by school personnel according to my child's licensed prescriber's instructions.

Parent/guardian signature: _____ Date: _____

Parent/guardian name printed: _____ Phone: _____

Medication Order to Be Completed by Physician/ Licensed Prescriber:

Patient's name: _____ Date: _____

Name of medication: _____ Route and dosage: _____

Time of administration: _____ Directions: _____

Patient/student can self-administer medication? Yes _____ No _____

Discontinuation date: _____

Allergies or reactions to watch for: _____

Licensed prescriber signature: _____

Licensed prescriber name printed: _____ Phone: _____