Consent to Give Medication in School

In order for medication to be given to your child during school, this form needs to be completed by both you and your child's doctor or clinic. Return the completed form to you child's school nurse.

Name of Student _____Date of Birth _____Grade_____

Medical Provider Information

Diagnosis* _____
Medication _____
Route of Administration _____ Dosage _____
Frequency _____ Times (s) of Administration _____
Date of Order _____ Discontinuation Date _____

Specific directions or information for medication: _____
Any other medical condition (s)* /Allergies_____
Date for next scheduled visit _____
Consent for self-administration (provided the school nurse determine it safe and appropriate): Yes c No c

X_____ _____ _____
Signature of Licensed Prescriber Please Print Name Here Business Telephone Number

Optional Information: (Special side effects, contraindications, or possible adverse reactions; other medications being taken)

Parent/Guardian Information

Parent/Guardian
Name _____
Tel # (H) _____
(W) _____

Parent/Guardian
Name _____
Tel # (H) _____
(W) _____

Other person(s) to be notified in case of medication emergency:
Name: _____ Telephone number: _____
Name: _____ Telephone number: _____

Parent/Guardian CONSENT

I give permission to have the school nurse or school personnel designated by the school nurse administer this medication:
Yes _____ No_____ (Please Initial)

I give permission to the school nurse to share information relevant to the prescribed medication administration as s/he determines appropriate for my child's health and safety.
Yes _____ No_____ (Please Initial)

I give permission to the school nurse to photograph my child, to keep on file for identification purposes only.
Yes_____ No_____ (Please Initial)

I understand I may retrieve the medication from the school at any time; however, the medication will be destroyed if it is not picked up within one week following termination of the order or by the last day of school.

_____ _____
Parent/guardian Signature Date