

Medication Administration Consent Form

Medication should be ordered to be given to a student at school **ONLY WHEN ABSOLUTELY NECESSARY**. Whenever possible, the parent and Licensed Health Care Provider are urged to design a schedule for giving medication outside of school hours. If this is not possible, designated school personnel will dispense the medication. Prescription medication must be furnished in the original container, labeled with the name of the medication, the amount to be taken, frequency of administration, the name of the physician, and the name of the child. Any medication which comes under the law of controlled substances (such as Ritalin) must be **delivered by the parent** to the school nurse. Over the counter medication is to be furnished in the original container with the label, directions, and expiration date clearly legible. All medications are kept in the nurse's office and limited to a 30-school day supply. Students are expected to come to the health room at the appropriate time to take their medicine. This authorization is good for the current school year only. Unused medication should be collected from the school. Any uncollected medicine will be destroyed at the end of the school year or at the end of the prescribed duration of administration, whichever is sooner. The taking of medications is a serious health concern, and your cooperation in following the above guidelines to ensure your child's health is appreciated. Please have all sections completed and return this form when your child needs to take medication at school.

Name of Student _____ Birth Date _____ Grade _____
 School _____ School Year _____ HR _____

Medication order to be completed by licensed prescriber:

Medical Diagnosis/Condition	Medication	Dosage	Frequency and Time(s)	Route

Additional Considerations/Directions _____

Student may carry and is capable of self-administration (limited to inhalers/Epi-Pens/Insulin/Glucagon): No Yes

 (Print) Name of Physician/Licensed Prescriber

 Signature of Physician/Licensed Prescriber

 Phone Number

 Date

To be completed by parent/guardian:

1. I request that the above medication be given during school hours as ordered by this student's licensed prescriber. The nurse may administer or decline to administer a medication based on best nursing practice. Students who carry and self-administer must successfully complete the self-medication assessment form with the ELANCO nurse.
2. I release school personnel from liability in the event of adverse reactions resulting from taking the medication.
3. I will notify the school of any change in the medication in writing from the licensed prescriber and a new form completed.
4. I give permission for the school nurse to communicate with the student's teachers about the student's health condition and the action of the medication.
5. I give permission for the school nurse to consult with the above named licensed prescriber regarding any questions that arise with regard to the listed medication or the medical condition being treated by the medication(s).

 Date

 Parent/Guardian Signature

For Health Room Use Only

Signature/Initials:

Date: Date: Date: Date: Date: Date:

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Date: Date: Date: Date: Date: Date:

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Entered on student electronic record