

LAKE COUNTY SCHOOLS

ADMINISTRATION OF PRESCRIPTION MEDICATION CONSENT FORM

Medications must be brought to school by the parent; NEVER by the student. The medication must be presented to school personnel in the original container with a current date. **Metered inhalers should have the label affixed to the inhaler for easy identification or must be in the original box with prescription label.** The parent must give the first dose of prescription medication at home. Under no circumstances will the school accept more than a four-week (30 days) supply of prescription medication. Parents may request that the pharmacist dispense two labeled bottles for medication, one for home and the other for school.

Student _____ DOB _____

Parent _____ School _____

Address _____

Home Phone _____ Work _____

Name of medication _____

Dosage to be given _____ Time to be given _____

Diagnosis _____ Allergies _____

Date to start _____ Last date to be given _____

Please circle one: **may** **may not** carry and use the inhaler himself/herself.

Special instructions on administration of medication (i.e. to be given after lunch, do not chew, to be given with food, etc.)

Reaction(s) that may occur _____

I request Lake County Public School personnel to administer medication as directed by this authorization. If there are questions regarding this medication I authorize the School Nurse/District Nurse to contact ordering physician as needed throughout the school year.

It is the parent's responsibility to pick up medications that are no longer needed at school. Medications that have expired and/or are discontinued during the school year will be disposed of within a week of the expiration or discontinuation date. At the end of the school year left over or unused medications will be disposed of immediately after the last day of school.

Parent Signature

Date

Physician Signature

Date

Physician's Official Stamp

