Richfield Public Schools
Health Service
Consent for Medication Administration

Parents/guardians of students requesting that medication be administered during school hours are required, according to school district policy and guidelines, to provide (1) a signed statement from a licensed prescriber and (2) a signed parent/guardian release.

Student: _____ DOB_____ Grade_____

Licensed Prescriber Order for Medication Administration

I authorize the following medication for this student and request the following dosage(s) during school hours be administered by school staff OR self-administered as indicated.

Medication_____
- Diagnosis_____ICD-10-CM Code_____
- Dosage(s)/Time(s) _____
- To be taken from (date) _____ to (date) _____
- Intended effect(s) _____
- Potential side effects_____
Comments _____

____ The student will keep this medication in the Health Service Office.
____ The student has been instructed on proper use, side effects and safeguards regarding this medication. The student is authorized to keep this non-controlled medication with them during the school day and to use as needed according to licensed prescriber instructions.

Licensed Prescriber's Signature_____ Date_____
Print Name_____Phone_____
Address_____

Parent/Guardian Authorization
I request this medication be given as ordered. I understand I must provide this medication in the original container.

Parent/Guardian Signature_____ Date_____
Daytime Phone Number(s) (   )_____ (   )_____