

GEO Prep Academy Parent/Guardian Consent for Medication Administration

Student:	D.O.B.	Grade:
Teacher:		
Parent/Guardian:	Phone #:	

Other person to be notified in case of emergency:

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Medication:	Dosage:	Freq.:
Medication:	Dosage:	Freq.:
Allergies:		
Are there any special instructions for giving your child this medication?		
List medication student receives at home:		
1. Have you received and reviewed the School's Medication Policy? Yes[] No[]		
2. Do you give permission for the school nurse to share with designated trained unlicensed personnel information about your child relative to medication administration as the nurse deem necessary? Yes[] No[] Please list any restrictions on this release?		
3. Do you understand that you may retrieve the medication from the school at any time and that the medication will be destroyed after you have been notified it is not picked up within one week following the end of the term or when the medication orders are discontinued? Yes[] No[]		
4. Have you administered the initial dose at home and have you allowed sufficient time (overnight) for observation of adverse reactions before asking school personnel to administer the medication? Yes[] No[]		

****All above answers must be "Yes" before the medication can be administered at school by unlicensed trained personnel.****

Use this box only for a student who will administer his/her own medication, i.e. Asthma Inhaler.

Do you give permission for your child to self-administer medication if the school nurse determines it is safe and appropriate in the school setting? Yes[] No[]

Do you believe your child is sufficiently responsible and informed to administer his/her own medication? Yes[] No[]

Do you assume responsibility for your child's actions in his/her self- management of medication at school? Yes[] No[]

Do you understand that regular medication orders must be provided for students who self-administer medication at school? Yes[] No[]

I understand and agree that GEO Prep Academy and its employees are not responsible for any unintentional mistakes or oversights in keeping or giving my child medication. I agree to hold GEO Prep free and harmless from liability from injuries which might occur as a result of the administration of medications by school employees.

Parent/Guardian's Signature: _____ Date: _____