PRESCRIPTION MEDICATION CONSENT FORM
Luxemburg-Casco School District School Year _____-_____

Medications are to be administered at home whenever possible. If it is necessary for a student to receive medications at school, all portions of this form must be completed before medication can be administered by school district personnel. One form for EACH medication is required.

Student:_____Date of Birth:_____

School:_____Grade:_____

Medication name:_____ Dose:_____

How to be given: [ ] oral [ ]inhaled [ ]nebulizer [ ]injectable [ ]topical [ ]eye [ ] ear [ ]other

Time to be given:_____ [ ] daily **or** [ ] as needed: how often _____

Dates to be given: [ ] school year **or** From: _____ to: _____

Reason for medication:_____

Side effects:_____

Physician name:_____ Physician phone #:_____

Address:_____

The above medication is to be administered during the school day in accordance with the above instructions and agreements. I agree to accept communication regarding the student/medication and understand that non-medically licensed, trained school personnel may give the medication.

***Physician signature:** _____Date:_____

Parent/Guardian consent:

- School personnel has my permission to administer this medication as indicated above.
- I will supply medication in its original pharmacy-labeled package listing the name of the: student, prescriber, medication, dose and effective date. (Request extra bottle from pharmacy)
- I authorize the school nurse to exchange information verbally or in writing with my child's physician regarding this medication or the conditions for which it is prescribed.
- I agree to hold the Luxemburg-Casco School District, its employees or agents acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school.
- I will notify the school immediately if there is any change regarding this medication order.
- I understand that all medication is to be transported to and from school by a parent/guardian.
- All medications will be picked up within 3 days of completion of the school year or when medications have been discontinued. After a 10 day period of notification, medication will be destroyed.

***Parent/Guardian signature:**_____Date:_____