Ferndale Area School District

Medication Administration Consent And Licensed Prescriber Order

Student Name: _____ Date/Time: _____

School: _____ Teacher/Grade:_____

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, each student must provide the school nurse with a *Medication Administration Consent* form signed by the student's parent/guardian and a *Medication Order* from a licensed prescriber. All medications must be in an original prescription bottle/container from a pharmacy.

Parent/Guardian Consent:

I give my permission for my child, _____, to receive the following medication(s) prescribed by a licensed prescriber during the school day. I understand that the medications will be given by school health personnel according to my child's licensed prescriber's directions.

Parent/Guardian signature:_____ Date: _____

Parent/Guardian name printed: _____ Phone: _____

Licensed Prescriber Medication Order:

Patient's name: _____ Date: _____

Name of medication:_____

Route and dosage:_____

Time of administration:_____

Discontinuation date: _____

Allergies:_____

Potential Reaction/Side Effects_____

Is the child qualified and able to self-administer? _____ Yes _____ No

Licensed prescriber signature:_____

Licensed prescriber name printed: _____ Phone: _____