



AVON GROVE CHARTER SCHOOL

INSPIRE PASSION FOR LIFELONG LEARNING ONE STUDENT AT A TIME

Medication Administration Consent & Licensed Prescriber Order

Student Name/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 both 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 ordered 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: _____

Student may self-administer (Epinephrine and Inhalers only): YES _____ NO _____

Directions: _____

Discontinuation date: _____

Allergies: _____

Licensed Prescriber signature: _____

Licensed Prescriber name printed: _____ Phone: _____

School Nurse signature/date: _____