

### School Medication Consent

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Diagnosis(es): \_\_\_\_\_

**Prescription medication orders must be completed by practitioner ONLY**

Medication Name: _____ Administration Instructions(Dose/Route/Time/s): _____ Effective Date: School Year 20__ - __ (including summer school) <b>OR</b> From _____ To _____
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--

Comments: \_\_\_\_\_  
\_\_\_\_\_

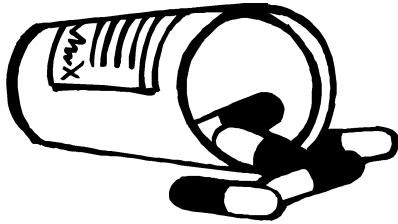
**PARENT/GUARDIAN** I hereby give permission to staff designated by the school principal or nurse to give the above medication to my student according to the instructions stated above and authorize them to contact the practitioner, if necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRACTITIONER** signature directs the above medication administration and indicates willingness to communicate with school staff regarding this medication.

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner Name, Address, Phone  
\_\_\_\_\_  
\_\_\_\_\_



## Medication Guidelines

District staff are available to give prescription and over-the-counter medication to your child at school as outlined below.

### Medication Consent

1. Complete the School Medication Consent Form if your child needs to take prescription or over-the-counter medication at school.
2. Parent/Guardian signature is required for over the counter medications.
  - *A physician's signature is required if the dose needed of the over-the-counter medication is more than the recommendations listed on the label, or if the medication is not FDA approved (ex. Melatonin).*
3. Parent/Guardian and physician signatures are required for all prescription medication.
4. Complete a new consent form when the dose of the medication is changed or the medication is discontinued.
5. Narcotic pain medication will not be administered at school or school sponsored events

### Medication bottles and labeling

1. Prescription medication **MUST** be in the original labeled pharmacy bottle. The label must clearly state:
  - Student's full name.
  - Name of the medication.
  - Time to give the medication and the dose needed.
  - Physician's name.
  - Date the medication was dispensed.
2. Over-the-counter medication **must** be in the original container or single dose unit package. Write your student's name on the container.
3. **Staff cannot give any medication sent in a plastic bag or an envelope.**

### Handing and storage of medication at school

1. Medications are stored in the original labeled pharmacy container.
2. Medications are stored in a locked cabinet in the health room.
3. Parent/Guardian are called to pick up all unused, discontinued, or outdated medications.
4. Parents must pick up all medication at the end of the school year. Any unclaimed medications will be disposed of at the end of the school year.

### Special Considerations – Emergency Medications

1. Students are allowed to self- carry emergency medications with physician's authorization.
2. Emergency medications must be labeled as outlined above. Parent/Guardian must complete the appropriate form even if your student self-carries the medication.

### General safety considerations

1. Bring your student's medication to the office.
2. Send only limited quantities of medication to school.
3. No medication will be given to your student without your written consent.
4. All medication is stored in the school health room.

The purpose of the medication policy and procedure is to ensure the safety of your child and provide him/her with the medication ordered. Contact your school nurse with questions.