



Medication Administration Consent & Licensed Prescriber Order

Franklin Learning Center LIU 12

Nurse's Office Phone Number: **717-504-4420** or
717-263-2700, Ext. 4225 (C-Wing) or 4420 (B-Wing)

Fax Number: **717-263-7479** or 717-504-4453

Student Name: _____ Date of Birth: _____ Teacher: _____

In accordance with school policy, medication(s) should be given at home before and/or after school. When this is not possible, however, 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 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 Printed Name: _____ Phone: _____

Licensed Prescriber Medication Order:

Patient's Name: _____ Date: _____

Name of Medication: _____ Dosage: _____

Route: _____ Time of Administration: _____

Directions: _____

Discontinuation Date: _____ Allergies: _____

Practice Name: _____ Phone: _____

Licensed Prescriber Printed Name: _____

Licensed Prescriber Signature: _____ Date: _____

Taken from PA Guidelines for PA Schools Administration of Medications & Emergency Care 6/21/2010