

Audubon Public Schools
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AUDUBON JR/SR HIGH SCHOOL
NON-PRESCRIPTION/PRESCRIPTION MEDICATION CONSENT FORM

Dear Parent/Guardian:

We attempt to discourage the administration of medication in the school. Parents are advised to give medication at home and on a schedule other than during school hours. However, if your physician decides that it is necessary for your child to receive a medication during the school day. The approval and specific directions must be provided to the school. It is recommended that the first dose of medication be administered at home.

The medication must be brought to the school in the original container with the current prescription label on the container. If the medication is not properly labeled, it will not be given. The medication and this completed consent form must be returned to the school nurse.

Completed by the School:

Student's Name _____
Student's Grade _____ Teacher _____
Student's IDN _____

Completed by the Physician:

Date of Order: _____
Name of Medication: _____
Dosage: _____
Time and Circumstance of Administration at School: _____

Can a Reaction be Expected? _____ Yes _____ No
If yes, describe: _____

Can school time dose be rescheduled on field trip days in which
school nurse or parent is unavailable for medication administration?
_____ Yes _____ No

Physician's Signature _____ Phone _____

Completed by the Parent/Guardian:

I hereby give my permission for the nurse to administer the above listed medication during the school day to my child. I understand that on field trip days the school time dose of medication may need to be rescheduled if the nurse is unavailable.

Parent/Guardian Signature _____ Date _____