

BERLIN BROTHERSVALLEY SCHOOL DISTRICT
MEDICATION CONSENT FORM (REVISED 09/02/10)

If at all possible, please arrange for medication to be given before and/or after school hours. However, if medication must be administered during school hours, please complete this form.

I hereby request that the Berlin Brothersvalley School District, through its appropriate licensed personnel, administer to my child medications as described below. Currently, this child is taking the following other medication:

Has the child been given the initial dosage of medication outside of school? _____

(Date)

(Parent or Legal Guardian's Signature)

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Consistent with the above request by the parent of the below-identified child, I hereby request that the Berlin Brothersvalley School District allow its appropriate licensed personnel to administer a medication as follows:

- A. Child's Name: _____ Grade: _____ DOB: _____
- B. Diagnosis: _____
- C. Name of the Medication: _____
- D. Dosage: _____
- E. Time to be Administered: _____
- F. Termination date of Administration: _____
- G. Other medication currently being taken: _____
- H. School Activity Restrictions: _____
- I. Any particular condition circumstance relating to this patient that should cause school personnel not to administer the medication: _____
- J. Any particular side effect relating to this patient that school personnel should make special effect to inquire about or observe: _____
- K. May the student self administer the above medication? YES or NO

(Date)

(Licensed Prescriber's Signature)

(Phone)