

## CONSENT FOR ADMINISTERING MEDICATION AT SCHOOL

☐ Short-Term Prescription   ☐ Inhaler - Not self carrying   ☐ Epinephrine - Not self carrying  
☐ Over-the-Counter Medication

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Student ID# \_\_\_\_\_ School \_\_\_\_\_

Teacher (Elementary Only) \_\_\_\_\_ Room # \_\_\_\_\_

Medication \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time of Day to be administered \_\_\_\_\_

Duration \_\_\_\_\_ to \_\_\_\_\_

Physician Name \_\_\_\_\_

Physician Phone \_\_\_\_\_ Physician Fax \_\_\_\_\_

I DO ☐ I DO NOT ☐ specifically consent to transmission of my child's medical records via facsimile (fax).

I give my consent for the school designated personnel to administer the listed medication. All medication must be hand delivered by an adult and in it's the original container.

Note: Physician's permission is required in order for medication to be administered for an extended period or quantity other than listed on the label.

I authorize the physician to speak with the registered nurse regarding my child and this medication.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Phone Number

\_\_\_\_\_  
Date

Nurse Note \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date	Amount	Signature RN/Other

## **Medication Requirements**

Please read the medication requirements below carefully and contact us with any questions.

Per District Policy ©5-404, ©5-404.A

### **Over the counter medication:**

- Must be sent in the original container
- Must not be expired
- Must be appropriate for the age of the student
- We can only provide the dose described in the package directions. Any changes in dosing/directions would require a physician's order
- We cannot administer the medication for more than 5 consecutive days. If the medication needs to be given on a daily basis, we will require a physician's order.
- An adult MUST deliver medication to the school.
- If the packaging/bottle is open, the medication will need to be counted with the nurse/health assistant at drop off.

### **Epinephrine and/or Albuterol:**

- Must be in the original packaging with a label OR have a label directly attached to the medication
- Must not be expired

\* For any of the Preschool Programs, if the package for Epinephrine is for TWO devices and only ONE device is included, we must have a physician's note stating that it is "ok" to split the devices up.