

**Medication Administration Physician Order / Parent-Guardian Consent**

**Student Name:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Teacher/Grade:** \_\_\_\_\_

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, 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. Medications must be in the original prescription bottle/container from a pharmacy. All medications must be delivered in person by the student's parent/guardian, per School Board policy 210.

**Parent/Guardian Consent:**

I give 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 name printed: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Licensed Prescriber Medication Order:**

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Route & dosage: \_\_\_\_\_ Time of administration: \_\_\_\_\_

Directions: \_\_\_\_\_

Discontinuation date: \_\_\_\_\_

Allergies: \_\_\_\_\_

**YES or NO**

Can medication be administered late for 2 hour delay? **YES or NO**

Licensed Prescriber signature: \_\_\_\_\_

Licensed Prescriber name printed: \_\_\_\_\_ Phone: \_\_\_\_\_