



Parent/Guardian Prescription Medication and Procedure Consent Form

Instructions

Use this form to authorize school and/or MSCR staff to administer a prescription medication according to the prescribing practitioner's written instructions. This form and written instructions are required for Prescription Drug Products, Nonprescription Drug Products requested to be given beyond the recommended use, and Non-FDA Approved Products.

Full name of Child _____

School or MSCR Program _____ D.O.B. _____

Name of prescribing practitioner ordering medication/procedure _____

Phone Number of practitioner ordering medication/procedure _____

Address of prescribing practitioner ordering medication/procedure _____

Name of medication/dosage or procedure _____

Reason for medication/procedure _____

I agree that prescription drug products to be administered in the school or at an MSCR site/program must be supplied by the student's/participant's parent/legal guardian in the original pharmacy-labeled package.

I give my permission to the nurse or other trained staff or delegate(s) and/or the MSCR designee(s) to give the medication or perform the procedure to my child according to the written instructions of the prescribing practitioner and to contact the child's prescribing practitioner.

I agree to hold the Madison Metropolitan School District, and the MMSD/MSCR employee(s) who is (are) administering the medication or performing the procedure harmless from any and all claims arising from the administration of this medication or the performance of this procedure at school.

I agree to notify the school of any change in the prescribing practitioner's written instructions.

This authorization is valid for the current school year, including summer semester, unless revoked in writing.

Please see Board Policy 4113 for more information.

Signature of Parent/Legal Guardian _____ Date _____

Phone #: (Home) _____ (Work) _____