



MILFORD SCHOOL DISTRICT

MEDICATION CONSENT FORM

Please complete this document with school nurse when your student must take prescription medications at school. Parents/Guardians are requested to give medications at home and on a schedule other than during school hours. If medication must be given during school hours, the procedures below must be followed.

MEDICATION PROCEDURES

Prescription medications must be ordered by a physician, dentist, or optometrist. The school nurse may contact the prescribing provider if needed.

- Bring this form and medication to the child's school nurse. If you cannot bring them, send them both with a responsible adult.
- Send the medication in the original container. If there is a prescription, the container must be properly labeled with correct name, time, dose, date, and prescribing licensed healthcare provider.
- Count tablets/pills; for liquids, estimate the amount in the bottle.
- Pick up medication from school at the end of the school year.

PERMISSION TO ADMINISTER MEDICATION

The school nurse has permission to administer the medication listed below and may contact the prescribing provider as needed.

Student name:		Illness or diagnosis:	
Medication name:		Dose to be given:	
Time to be given:		Known medication or drug allergies:	
Quantity of tablet/pill/liquid sent:		Provider:	

AUTHORIZATION AND CONTACT INFORMATION

☐ Yes ☐ No * I give permission for this medication to be sent on Field trips during the current school year and for a trained staff member to assist with administration.

I am aware that the school nurse may need to contact the prescribing healthcare provider or pharmacist relative to the medication/treatment/ The school nurse is required to use nursing judgement regarding all medication treatment. I give my permission for medication administration by the school nurse.

Parent/Guardian signature Date:

Date	Amount Received or returned	Parent/Guardian Signature	Nurse Signature

PARENT/GUARDIAN INITIALS *I GIVE THE SCHOOL NURSE PERMISSION TO SEND MY CHILD'S (INHALER, EPI-PEN OR NONSCHEDULED MEDICATIONS) HOME WITH MY CHILD ON THE LAST DAY OF SCHOOL. I UNDERSTAND CONTROLLED MEDICATIONS WILL BE DISCARDED ON THE LAST DAY OF SCHOOL IF NOT PICKED UP BY AN ADULT.

Nurse's Signature: Date:

PROCEDURE FOR PARTIAL DAYS

One-Hour Delay: Morning medications and subsequent medications will be given one hour later than scheduled. Lunch-time medications remain at the regularly scheduled time. Notify the school nurse if medication was given at home.

Two-Hour Delay: Parent/Guardian should give morning medications at home. Medications normally given after 10:30 will be given as scheduled at school.

Early Dismissal: Medication scheduled after dismissal will not be given at school and should be given by the Parent/Guardian as prescribed..