

Parental Consent for Medication Administration at School

Student Name: _____ DOB: _____

School: _____ Grade: _____ Date: _____

Parent/Guardian must complete the following information for each medication to be given at school (one form per medication). Medication must be delivered to the school in the original container with the label intact. The medication is to be given in the following manner:

Medication Name: _____

Medication Strength: _____ Amount to Given: _____

Time to be Given: _____ Give on Early Release Days Yes No

Route to be Given (by mouth, inhaled, etc.): _____

Medication Expiration Date: _____ Date to Discontinue Medication: _____

Prescribing Physician: _____ Office Phone: _____

Reason for Medication: _____

Any Known Allergies:

I authorize the School District, health staff, or other person designated by the administrator, on my behalf, to assist in the administration of the medication identified as ordered by my child's physician.

I understand the law provides that there shall be no liability for civil damages as a result of the assistance in administration of such medication and/or treatment where the person assisting in the administration of such medication and/or treatment acts as an ordinarily reasonably prudent person would under the same or similar circumstances. I understand my child's medication is to be presented to a school representative by an adult. I will assume full responsibility for the supply, appropriate transportation, and maintenance of the above medication. If any changes in medication or dosage occur, the school must be notified immediately, and a new form must be completed. I give my permission for the exchange of information directly with the healthcare provider regarding my child's medications. I understand that an adult must pick-up my child's medications on their last day of attendance. Remaining medication will be properly disposed of after the child's last day of school.

Parent/Guardian Signature_____
Date_____
Parent/Guardian Phone Number_____
Parent/Guardian Work Number