

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade/Homeroom: \_\_\_\_\_ School: **Westinghouse Arts Academy Charter School**

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 each school year. All prescribed medications must be in an original prescription bottle/container from a pharmacy. All over-the-counter medications should be in the original container.

**PARENT/GUARDIAN CONSENT**

I give my permission for the child listed above 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. (The order may be written in the space provided below or on a prescription form/pad from the prescriber that includes the same information.)

Name of medication(s):  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**LICENSED PRESCRIBER MEDICATION ORDER** Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Name of Medication(s): \_\_\_\_\_

Route and Dosage: \_\_\_\_\_

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

Discontinuation Date: \_\_\_\_\_ (If order is for an entire school year or "until further notice", please indicate, Order cannot exceed one school year.)

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

Licensed Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Licensed Prescriber's Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_