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: ________________

LICENSING PRESCRIBER MEDICATION ORDER

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: ________________