MEDICATION POLICY & ADMINISTRATION CONSENT FORM

STUDENT INFORMATION

Student's Name _____ Date of Birth _____

School _____ Grade _____ Teacher _____ School Year: _____

List any known drug allergies/reactions _____ Height (inches)_____ Weight (lbs.) _____

PHYSICIAN AUTHORIZATION

Name of Medication _____ Reason for Taking _____

Dosage _____ Route _____ Frequency/Time(s) to be given _____

Begin Medication _____ Stop Medication _____
Date Date

Special Instructions:

Does medication require refrigeration? Yes ☐ No ☐
Is the medication a controlled substance? Yes ☐ No ☐
Is medication necessary to be given during school? Yes ☐ No ☐
If yes, please give recommended times to be administered. 1st dose: _____ 2nd dose:____ Special Instructions:

_____

Potential Side Effects/Contradictions/Adverse Reactions _____

Treatment Order in the event of an adverse reaction: _____

(Attach additional sheet or use the back of this form if necessary)

_____ _____ _____ _____
Signature of Physician Date Phone Fax

PARENT AUTHORIZATION

I authorize the Health Aide or delegated school personnel the task of assisting my child in taking the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. I also authorize the School Health Aide to talk with the prescriber or pharmacist should a question come up about the medication.

1. **ONLY** medications from the United States will be administered at school.
2. Prescription medication must be in the original container with the pharmacy (U.S.A. only) label. The container must have a proper label with the name of the patient, the name of the medicine, and the dosage.
3. Administration consent form must be completed and signed by physician, parent or legal guardian. **NO VERBAL CONSENT OR PHONE CONSENT WILL BE ACCEPTED.**
4. Medication will be kept in a secure place in the clinic during school hours. No medication shall be kept in classrooms or backpacks at any time. Any medications brought in by students or found in student's possession will be taken to the nurse and remain in the clinic until a parent signs the consent form *(if not already on file)* or picks up medication.
5. It is the responsibility of the parent or guardian to deliver the medication to the school nurse and have the medication picked up and taken home at the end of the year.
6. **The first dosage of any new medication shall not be administered during school hours due to the possibility of an allergic reaction.**

_____ _____ _____ _____
Signature of Parent Date Work Phone Cell

Received by:
Nurse Signature_____ **Amount received:** _____ **Expiration date:** _____