

MEDICATION/TREATMENT CONSENT FORM



Student Name _____ Birth Date _____ School Year _____

Diagnosis/Condition--Reason for treatment/medication _____

CONSENT FOR ADMINISTRATION OF HEALTH TREATMENT AND/OR MEDICATION AT SCHOOL

- Under certain condition, as a service to you and for the welfare of your child, school personnel may agree to honor parent requests for the administration of necessary medication to students. *Please Note: "Medication" refers to any prescription, non-prescription, homeopathic, herbal, vitamin, or mineral preparation.*
- Health treatments and medications must be prescribed in writing by a physician or other licensed health care provider and must be renewed annually. Providers only complete Part 1 below and must sign form in Part 2
- All medication, prescription and non-prescription, must be brought to school in the original pharmacy container with a current label showing the name of the student, medication, strength, dosage, and time(s) to be given. Only the parent/guardian or other responsible adult may deliver the medicine to school. Students are not allowed to bring their own medication to school.
- Health treatment supplies will be provided for school use for each student by parent/guardian as needed.
- Parent/guardian written permission is required to administer treatments and medications at school as directed by physician/licensed health care provider, including permission to contact provider as necessary. Parent must sign below in Part 2.

PART I: PHYSICIAN/HEALTH CARE PROVIDER INSTRUCTIONS

All Language/Directions must be in lay terms

MEDICATION/TREATMENT	DOSAGE	ROUTE	TIME	FREQUENCY
.....
.....
.....
.....
.....

Recommendations, Special Considerations, Side Effects, Precautions, Allergies: _____

Please be sure to the following steps have been taken:

- Medication(s) must be in original container and clearly labeled
- Prescription medication must indicate: student's name, medication, dosage, time, doctor's name, pharmacy name, date issued, expiration and prescription number
- Medication must be brought to school by an adult to ensure safe delivery
- Parents will notify the school immediately if there are any change in the use of the medication of the prescribed treatment.

PART 2: AUTHORIZATION SIGNATURES

The following signatures serve as written authorization for permission to administer health treatment and/or medication as directed at school. Authorization includes permission for school personnel and health care provider to contact each other if needed. Signatures release and agree to hold the Board of Education, its officials, its employees, and its third party contracted individuals harmless from any and all liability, foreseeable and unforeseeable, for damages or injury resulting directly or indirectly from this authorization. Medication and Treatment information is kept confidential but it may be shared with appropriate staff for emergency care.

Physician/Provider: _____
 Print Name _____ Signature _____

_____ Date _____ Phone _____ Fax _____

Parent/Guardian: _____
 Print Name _____ Signature _____

_____ Date _____ Phone _____ Fax _____