Medication Administration Consent And Licensed Prescriber Order

East Allegheny School District

Student Name: _____ Date/Time: _____

School: _____ Teacher/Grade: _____

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. All medications must be in an original prescription bottle/container from a pharmacy.

Parent/Guardian Consent:

I give my permission for my child, _____, to receive the following medication 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.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name printed: _____ Phone: _____

Licensed Prescriber Medication Order:

Patient's name: _____ **Date:** _____
Name of medication: _____
Route and dosage: _____
Time of administration: _____
Directions: _____
_____
Discontinuation date: _____
Allergies: _____

Licensed prescriber signature: _____

Licensed prescriber name printed: _____ **Phone:** _____