



CONSENT FOR ADMINISTRATION OF PRESCRIPTION MEDICATION

All medication forms must be released annually

Parents/guardians of students requesting that medication be administered during school hours are required to provide 1) a signed parental release for the administration of all medications and 2) a signed statement from the licensed prescriber for all prescription medications. ALL medications must be provided in their original containers.

Student's name _____ Grade _____

LICENSED PRESCRIBER'S ORDER FOR ADMINISTRATION OF MEDICATION BY SCHOOL STAFF

I have prescribed the following medication for this student and request the dosages given during school hours to be administered by school staff.

Medication _____

Dosage and time of administration _____

To be taken from (date) _____ to (date) _____

Purpose or condition for which prescribed _____

Significant side effects _____

Comments _____

LICENSED PRESCRIBER'S SIGNATURE _____

DATE _____ PHONE NUMBER _____

PRINT NAME _____

PARENTAL RELEASE FOR ADMINISTRATION OF MEDICATION

I request that this medication be given as prescribed. I understand that I must provide this medication in the original container. I will be asked to pick up or have student pick up all remaining medications at the end of the school year. **Please note that scheduled narcotics such as Ritalin CANNOT be sent home with a minor student. If a parent does not pick them up by the appointed date, the medications will be destroyed.**

PARENT/GUARDIAN SIGNATURE _____

Daytime phone numbers () _____ () _____

Date _____