Grades 6-12

SCHOOL HEALTH SERVICES

PRESCRIPTION MEDICATION SELF-ADMINISTRATION CONSENT FORM (PHYSICIAN'S SIGNATURE REQUIRED)

Requires renewal at the beginning of each school year

Name of Student ______________________________ D.O.B. ______________
Address ______________________________ Telephone ______________
Parent/Guardian Name ______________________________ School ______________

Diagnosis ______________________________
Name of medication/treatment ______________________________
Dose ______________________________
Time(s) to be administered at school ______________________________
Method (route) of administration ______________________________
Medication to be administered from ______________ to ______________
Month/Day/Year Month/Day/Year
Precautions and reactions to observe and report ______________

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______ I CERTIFY THAT THE ABOVE NAMED STUDENT IS CAPABLE OF SELF-ADMINISTRATION OF THE ABOVE PRESCRIBED MEDICATION.

______________ ______________ ______________
Physician's Signature Telephone Date

______________ ______________
PRINT Physician's Name Clinic Name

(Changes may be called to the eSchool Nurse by the prescribing provider with written confirmation following within 24 hours. Faxes are acceptable.)

I authorize my child to self-administer the above medication while at school and relieve the school district and personnel of all responsibility. I understand that the school district and individuals involved will not be held liable for any adverse effects of the medication. I give permission for communication that may be necessary between the prescribing provider and the school nurse to insure safe medication administration.

Parent/Guardian Signature ______________________________ Date ______________

Students are prohibited from transferring, delivering or receiving any medication to or from another student. All violations will result in confiscation of the medication and subject student(s) to discipline in accordance with the District's discipline policy. Students who use medication for purposes other than for its intended use will be disciplined and will no longer be allowed to carry and self-administer medications.