

Medication Administration Consent & Licensed Prescriber Order

Northern Tier Career Center

Student Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Homeroom 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 other than school stock, 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 the original prescription bottle/container from a pharmacy.

Parent/Guardian Consent:

I give my permission for my child, \_\_\_\_\_, to receive the following medication ordered 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/Side Effects: \_\_\_\_\_

Discontinuation Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Licensed Prescriber Signature: \_\_\_\_\_

Licensed Prescriber Name Printed: \_\_\_\_\_ Phone: \_\_\_\_\_