

Woodville Independent School District

Health Services

Medication Consent Form

Student Name: _____ **Grade:** _____

Last

First

MI

Parent's Name: _____ **Phone Number:** _____

Medication Guidelines

1. All medication must be brought to and picked up from the nurse's office by the parent/guardian. Medication will be stored in a locked cabinet in nurse's office while at school.	2. Prescription labels must contain the student's name, medication name, time/dose/route of medication to be given, and current expiration date.
3. Prescription and OTC medication must be in original container.	4. Medication Consent Forms are only valid for the current school year.
5. Changes in the administration of OTC medication must be in writing from the parent/guardian and/or physician.	6. Medication must be picked up by the last day of school. If left in the nurse's office it will be discarded.
7. Changes in the administration of prescription medication must be in writing from the physician.	8. All supplies for nebulizer treatments and diabetic testing/insulin administration must be provided by parent/guardian.
9. Parent's signature is required for the administration of ANY medication.	10. Only medication that cannot be given at home (time restrictions) will be given at school.

Please list all medications you are requesting to be administered at school.

Date	Medication	Dosage	Time/Frequency Given	Reason Given	Quantity Provided	Initials	School Disposal

I request the above named student be given the medication at school by qualified staff according to the prescription or non-prescription instructions and a record maintained. The student has experienced no previous side effects from the medication. I further agree that school personnel may contact the physician as needed and that medication information may be shared with school personnel who need to know. I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonably prudent person would under the same or similar circumstances I agree to provide safe delivery of medication and equipment to and from school and will pick up remaining medication and equipment on or before the last day of school or it will be properly discarded.

Parent's Signature: _____ **Date:** _____

Nurse Signature: _____ **Date:** _____