VEGA ISD MEDICATION CONSENT FORM

This form must accompany all medications before administration. Non-prescription medication must be in the original container and prescription medication must have a pharmacy label for the individual student. All medications must comply with FFAC (LOCAL) policy.

Student Name: _____ **Grade Level:** _____

Parent Phone Number: _____ Date of Birth:_____

Drug Allergies/Reaction:_____

Name of Physician/Healthcare Provider: _____

Medical Diagnosis (if applicable)_____

Reason for medication at school _____

Medication to be taken at school:

Medication	Dose/Route	Time to be given OR as needed

☐ Effective for current school year **OR** Medication begins on: _____ Ends on: _____

Important Side Effects/Restrictions: _____

Special Storage Instructions: _____

_____

Please note a physician order must accompany all prescription meds or over-the-counter meds to be taken daily over 15 days, or it will not be given. (Or a physician signature below). Physician note not required for non-prescription medications only to be given on an as needed basis during the school year.

_____ _____ _____

Physician/HCP Name *(printed)* Physician/HCP Signature Date

_____

PARENTS REQUEST AND RELEASE FOR ADMINISTRATION OF MEDICATION

I request and authorize designated school personnel to give the above medication to my child (named above). I hereby acknowledge that I have read and understand the regulations for medication administration as adopted by Vega ISD. I hereby release Vega ISD and its employees from any claims or liabilities connected with its reliance on this permission and agree to indemnify, defend, and hold them harmless from any claim or liability connected with such reliance. I authorize a representative of the school to share information regarding this medication with the above licensed prescriber or other Vega ISD staff as necessary for the care of my child. I authorize that my child's physician or health provider may release private medical information regarding the above medical condition or medication for the proper treatment and care of my child while at school. Note: Electronically obtained signatures denote intent to sign and by using an electronic signature, I acknowledge that I am signing, adopting, and affirming that using an electronic signature is the legal equivalent of having placed my handwritten signature on this consent form. The use of electronic signatures and electronic records (including, without limitation, any contract or ther record created, generated, sent, communicated, received, or stored by electronic means) shall be of the same legal effect, validity and enforceability as a manually executed signature or use of a paper-based record-keeping system to the fullest extent permitted by applicable law.

_____ _____

Parent/Guardian Signature **Date**

Revised 9/2022