

## 4.35F---MEDICATION ADMINISTRATION CONSENT FORM

Student's Name (Please Print)

This form is good for school year \_\_\_\_\_. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

Medications, including those for self-administration, must be in the original container and be properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its' possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

I hereby authorize the school nurse or his/her designee to administer the following medications to my child.

Name(s) of medication(s) \_\_\_\_\_

Name of physician or dentist (if applicable) \_\_\_\_\_

Dosage \_\_\_\_\_

Instructions for administering the medication \_\_\_\_\_

Other instructions \_\_\_\_\_

I acknowledge that the Smackover School District, its Board of Directors, and its employee shall be immune from civil liability for damages resulting from the administration of medications in accordance with this consent form.

Parent or legal guardian signature \_\_\_\_\_

Date \_\_\_\_\_

Date Adopted: July 2, 2007

Last Revised: July 15, 2013