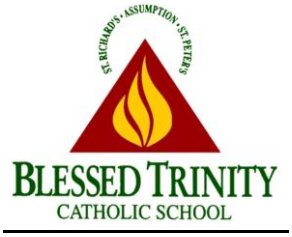

CONSENT FORM FOR ADMINISTRATION OF PRESCRIPTION OR OVER THE COUNTER MEDICATION DURING THE SCHOOL DAY

Parents/guardians of students requesting that prescription or over-the-counter medication be administered during school hours by school staff are required, according to school policy, to provide for the school: **1.)** a signed statement from the **Licensed prescriber,** and **2.) a written parental release** for the administration of medication.

Student's Name_____ Grade_____

LICENSED PRESCRIBER RELEASE FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

I have prescribed the following medication for this student and request the dosage(s) given during the school hours be administrated by school personnel.

Medication_____

Dosage and time administration_____
to be taken from _____ to _____
(date) (date)

Possible side effects_____
Purpose or condition for which prescribed_____
Comments_____

Check only ONE Option:

___This student will keep medication in the Health Service Office.

___This student uses inhaled medication or an epi-pen and is authorized to keep this medication with them during the school day in accordance with the licensed prescriber's instructions. The student has been instructed on proper use, side effects and safeguards regarding the medication.

LICENSED PRESCRIBER
SIGNATURE_____DATE_____
PRINT NAME_____PHONE_____
ADDRESS_____FAX_____

PARENTAL RELEASE FOR ADMINISTRATION OF MEDICATION

I request this medication be given as prescribed by the physician. I understand I must provide this medication in the **original pharmacy bottle.**

PARENT/GUARDIAN_____DATE_____
(SIGNATURE)

HOME PHONE_____PARENT/GUARDIAN WORK PHONE_____

5/12