

Medication Administration Parental Consent & Licensed Prescribed Order
Effective 2018/19 school year

This form is **REQUIRED** for all prescription medications that must be given at school. The District process has changed, as per the revised PA Department of Health's Guidelines for Pennsylvania Schools for the Administration of Medications and Emergency Care (released April 2010). These guidelines are based on PA LAW.

Student Name: _____ Date/Time: _____

School: _____ 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, each student must provide the school nurse with a *Medication Administration Parental Consent* form signed by the student's parent/guardian and a Medication Administration Order from a licensed prescriber (see below). All medications must be in an original prescription, properly labeled 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 Name: _____ Emergency Phone: _____

Parent/Guardian signature: _____ Date: _____

LICENSED PRESCRIBER MEDICATION ADMINISTRATION ORDER (physician)

Patient's name: _____

Name of medication: _____

Route and dosage: _____

Time of administration: _____

Directions: _____

Start Date: _____ Discontinuation Date: _____

Allergies: _____

Licensed Prescriber signature: _____ Date: _____

Licensed Prescriber Name (print) _____ Phone #: _____

Rec'd./Approved by Nurse: _____ Date: _____