



Authorization for Medication Administration Consent Form

(Physician Order)

School Year: _____

Student Name: _____ Birth Date: _____

Legal Guardian: _____ Daytime Phone: _____

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 administration with a Medication Administration Consent form signed by the student's parent/guardian.

The original prescription container must accompany all medication. The prescription container should include, name of the child, name of the medication, prescribing physician, date, accurate dosing information (amount and interval for dosing), and details pertaining to the route and procedure for dosing (i.e., by mouth, every 3 hours, etc).

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 administration personnel according to my child's licensed prescriber's directions.

List all medication to be dispensed during regular school hours.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name printed: _____