

**MEDICATION ADMINISTRATION CONSENT FORM & MEDICATION ORDER**

**LUZERNE INTERMEDIATE UNIT #18**

Student \_\_\_\_\_ DOB \_\_\_\_\_

Parents \_\_\_\_\_ Address \_\_\_\_\_

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 Consent form signed by the student's parent/guardian and a Medication Order from a licensed prescriber. All medications must be in an original prescription bottle/container from a pharmacy.

Name of Medication: \_\_\_\_\_

Route and Dosage: \_\_\_\_\_

Time of Administration: \_\_\_\_\_

Directions: \_\_\_\_\_

Side effects that should be reported to the physician: \_\_\_\_\_

\_\_\_\_\_

Licensed Prescriber Signature: \_\_\_\_\_

Licensed Prescriber Name Printed: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian Consent:**

I give my permission for my child, \_\_\_\_\_, to receive the medication ordered by a licensed prescriber during the school day. I understand that the medications will be given by the school nurse according to my child's licensed prescriber's directions. I give permission for the nurse to contact the healthcare provider to discuss any issues.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian name printed: \_\_\_\_\_ Date: \_\_\_\_\_