COMPASS ROSE

MEDICATION ADMINISTRATION CONSENT

The following procedures must be followed for the health aide or Campus Operations Leader's designee to administer medication, as prescribed by your child's Physician, during the school day.

1. A parent or guardian must deliver the medication to school in person to the health aide. Both the health aide and the parent will sign that the medication was dropped off and verify the amount of medication in the container, if necessary.
2. The medication **must** be in the **PRESCRIPTION/ ORIGINAL CONTAINER,** clearly labeled with the student's name, the medication's name and dose, and administration directions. Parents must provide all medication.
3. This form or submitted orders accompanying medication must be completed by the prescribing physician, Nurse Practitioner, or a Physician's assistant licensed to practice in Texas.
4. A new order is required for any medication or dose changes.
5. Only FDA-approved pharmaceuticals manufactured in the United States will be administered. Homeopathic preparations, Vitamins, and **herbal remedies will not be administered.**
6. **YOU MAY NOT SEND ANY MEDICATION IN YOUR CHILD'S BACKPACK.** A Parent/ guardian must bring medication to the school in person.
7. Medication must be picked up by the parent/ guardian and signed out by the parent and the health aide.

Student Name: _____ **D.O.B**: _____ **Age:** ____

Student ID Number: _____ **Grade:** _____

To be completed by the physician or authorized prescriber

Name of Medication and Instructions (dose, amount, and time to be taken): _____

_____

Diagnosis/ Reason: _____

Restrictions and/ or significant side effects: _____ **None anticipated** _____ **Yes. Please describe**:

_____

Physician's Printed Name and Phone Number:

_____

Physician Signature: _____

To be completed by parent/guardian

I give permission for my child, _____, to receive the above medication at school, according to school policy. I also permit an authorized school employee to contact the physician above with any questions or concerns regarding this medication.

Parent Name: _____ **Relationship:** _____

Parent Signature: _____ **Date:** _____