



Medication Administration Consent & Licensed Prescriber Order

Student Name: _____ DOB: _____ 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 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.

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 signature: _____ Date _____

Parent/Guardian name printed: _____ Phone: _____

Licensed Prescriber Medication Order:

Patient's name: _____ DOB: _____ Date: _____

Name of medication: _____

Route and dosage: _____ Time of Administration: _____

Directions: _____

Discontinuation date: _____ Allergies: _____

Licensed Prescriber Signature: _____

Licensed Prescriber name printed: _____ Phone: _____

Taken from PA Guidelines for PA Schools Administration of Medications & Emergency Care 6/21/2010