



## PRESCRIPTION MEDICATION

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

### TO BE COMPLETED BY THE PHYSICIAN/PRESCRIBER

Name of medication: \_\_\_\_\_ for the treatment of \_\_\_\_\_ ICD 10 code: \_\_\_\_\_

Specific dose(s) to be given at school: \_\_\_\_\_ Time to be given at school: \_\_\_\_\_

Length of time to be administered: \_\_\_\_\_

Are there any special instructions: ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_

Printed name of physician: \_\_\_\_\_

Signature of physician: \_\_\_\_\_

Address of physician: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone number of physician: \_\_\_\_\_ fax: \_\_\_\_\_

### TO BE COMPLETED BY PARENT/GUARDIAN

#### Parent/Guardian Authorization

1. I request that the above medication(s) be given during school hours as ordered by my child's physician/licensed prescriber. I also request the medication(s) be given on field trips, as prescribed.
2. I will notify the school of any change in the medication(s), (i.e., dosage change, medication is stopped, etc.).
3. I give permission for the medication(s) to be given by school personnel as delegated, trained, and supervised by the school nurse.
4. This consent may be revoked at any time, by sending a written notice to the licensed school nurse.

**NOTE: Medication must be supplied in the original/prescription bottle.**

**A parent/guardian must bring medication to school. Do NOT send medication to school with your child.**

#### Permission for Release of Information

5. I give permission for the school nurse to communicate, as needed, with school staff about my child's medical condition(s) and the action of the medication(s).
6. I give permission for the school nurse to consult with my child's physician/licensed prescriber about any questions regarding the listed medication(s) or medical condition(s) being treated by medication(s).
7. I give permission for the physician/licensed prescriber to release information related to the above medication(s) and medical condition(s) to the licensed school nurse.

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