



# Medication Administration Parent Consent

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I hereby give permission to designated school staff to administer the below listed medication. Please use one sheet per medication.**

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

Medical Diagnosis: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency/Administration Time: \_\_\_\_\_

Route: \_\_\_\_\_

**I give permission for the school staff to contact my child's physician with any concerns regarding medication administration.**

Parent/Guardian Initials: \_\_\_\_\_

**I will notify the school in writing when requesting termination of medication administration or changes in administration. In the event that I revoke consent for medication administration or termination due to physician orders, I understand that a new Parental Consent form will need to be completed.**

Parent/Guardian Initials: \_\_\_\_\_

**I agree to provide no more than a four week supply of medication. The medication is to be delivered to the school office or other designated location.**

Parent/Guardian Initials: \_\_\_\_\_

**Prescription medication must be supplied in a pharmacy labeled container. The label will include the child's name, medication name, dosage, administration frequency, prescribing physician name, pharmacy name and phone number.**

Parent/Guardian Initials: \_\_\_\_\_

**I understand that I cannot send prescription medications to school with my child. The parent, or a responsible adult designated by the parent, is expected to deliver and retrieve any necessary medications to/from the school. An exception may be made if the parent has requested written approval for student self-administration of medication.**

Parent/Guardian Initials: \_\_\_\_\_

**I understand that medication will not be administered by the school without full compliance of above stated terms and conditions.**

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Note: This form may be faxed to the respective school upon completion or to the District Nursing Department at 414-546-5641. For questions call the District Nursing Department at 414-604- 4000 x 1107.