

MEDICATION ADMINISTRATION CONSENT & LICENSED PRESCRIBED ORDER

Carbondale Area School District

Student Name: _____ 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 order 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.

_____ ***My child is capable of self-administering the medication listed below and has been instructed in the use of, and has permission to carry and take, this medication on his or her own as directed further down.***

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name printed: _____ Phone: _____

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Licensed Prescriber Medication Order:

Patient's name: _____ Date: _____

Name of medication: _____

Route and dosage: _____

Time of administration: _____

Directions: _____

The student has been instructed in the use of an inhaler/Epi-Pen and has permission to carry and take this medication on his or her own as directed above. YES _____ NO _____

Discontinuation date: _____

Allergies: _____

Licensed Prescriber signature: _____

Licensed Prescriber name printed: _____

Licensed Prescriber phone number: _____