



Consent for District Administered Medication Form - Policy 5703-F-2

Student's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Healthcare Provider & Prescription Medication Information

Reason for medication: \_\_\_\_\_

Prescription Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Administration Method: \_\_\_\_\_ Time/Frequency: \_\_\_\_\_

If frequency is "as needed," under what conditions is the medication to be administered: \_\_\_\_\_

This student is both capable and responsible for self-administering this medication:

YES - Supervised  YES - Unsupervised  NO

This student may self carry their EpiPen and/or their inhaler:  N/A  YES  NO

Signature of Physician for prescription medication:

Name/Title (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Over-the-Counter Medication Information & Parent/Guardian Consent

Reason for medication: \_\_\_\_\_

Over the Counter Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Administration Method: \_\_\_\_\_ Time/Frequency: \_\_\_\_\_

If frequency is "as needed," under what conditions is the medication to be administered: \_\_\_\_\_

This student is both capable and responsible for self-administering this medication:

YES - Supervised  YES - Unsupervised  NO

Parent/Guardian Consent for prescription and/or over the counter medication administration:

I authorize school staff to administer medication in accordance with this form and applicable Board Policies. I acknowledge that Board Policy requires that I immediately inform the District of any changes to the healthcare provider's prescription medication instructions. This form is only valid for the CURRENT school year. Medication forms must be reissued each school year. Medication not picked up by the end of the year will be discarded.

Parent/Guardian Printed Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_