ADMINISTRATION OF MEDICATIONS/PROCEDURES TO STUDENTS CONSENT FORM

Student Name: _____ **DOB:** _____

School _____ Phone: _____ Fax:_____

1. I am the parent/guardian of the above student and I authorize my child to be administered the prescription medication identified below while on school property or at a school -related event or activity by the school nurse or employee trained in the administration of prescription medication.

2. I hereby release the District and its employees and agents from liability for injury arising from the school's administration of the medication while on school property or at a school -related event.

3. I understand that if the student identified herein uses the medication in a manner other than prescribed, the student may be subject to disciplinary action by the school; however, any disciplinary action may not limit or restrict the student's immediate access to the medication.

4. I authorize the school to inform appropriate school employees who would have a need to know of the administration of medication (i.e., such as school nurse, instructors, teacher aides, school administrators, activity supervisors, bus drivers). I give permission for communication that may be necessary between the prescribing provider and school nurse to ensure safe medication administration.

5. I acknowledge and agree that the school shall secure (store) the medication for the student until administration of the medication is necessary. Medications must be provided in a pharmacy container with a pharmacy label attached or in the original over the counter container. I will furnish all supplies and equipment necessary for services. I understand that I am responsible to pick up unused medication one week after the last dose is given if during the school year, and on or before the last day of school. If the medication is not picked up, it will be destroyed.

- Medication Name/Strength or Procedure:_____
- Instructions: _____
- Authorized Duration:_____
- Diagnosis and related ICD-10 code:_____
- Precautions and reactions to observe and report:
  _____
- The student may self-administer the above medication per physician and parent request.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Prescribing Provider Date