SUGAR VALLEY RURAL CHARTER SCHOOL

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Student Name:______________________________________ Date:_______________ DOB:________________

School:____ Teacher/Grade:______________________________

In accordance with the school policy, medications(s) should be given at home before school and /or before 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 Order* from a licensed prescriber and a *Medication Administration Consent* form signed by the student's parent/guardian. All medication must be in an original prescription bottle/container from a pharmacy.

Licensed Prescriber Medication Order:

Patient's Name:____ Date:______________________

Name of Medication:____

Dosage and Route:____

Time of Adminstration:____

Directions:____

Discontinuation Date:____

_____It is necessary that this child carry Asthma or other prescribed medications he/she can self administer as directed.

Allergies:____

Licensed Prescriber signature:____

Licensed Prescriber name printed:_____________________________________ Phone:__________________

Parent/Guardian Consent:
I give my permission for my child,______________________________________, to receive the following medication ordered 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.

Parent/Guardian
signature:____ Date:____________________

Parent/Guardian name
printed:____ Date:____________________