

Shippensburg Area School District - #210 Use of Medication

Medication Administration Consent Form and Medication Order

School Year _____

Student's Name: _____ Grade/Homeroom: _____

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 a prescription 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 signed by a licensed prescriber (MD, CRNP, PA, Certified Midwife). Administration of nonprescription medications shall require parental Medication Administration Consent, parental order and confirmation by school physician (confirmation will be obtained by school nurse after form has been returned to the school). Requested dosages and administration of nonprescription medications must follow manufacturer's recommendations as listed on the label/package. All medications, both prescription and nonprescription, must be in their original bottle/container from the pharmacy.

Parent/Guardian Medication Administration Consent:

I give my permission for my child _____, to receive the following medication during the school day. I understand that the medication will be given by school health personnel per instructions listed below. I have read and agree to comply with the "Use of Medication" Policy (#210) and "Possession/Use of Inhalers/Epinephrine Auto-Injectors" Policy (#210.1).

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name printed: _____ Phone: _____

Licensed Prescriber's Medication Order for prescription medication (or) parental order for nonprescription medication:

Patient's name: _____ Date: _____

Diagnosis: _____

Name of medication: _____

Dosage, route and time of administration: _____

Special instructions (if necessary): _____

If this medication is an inhaler or an epi pen, is this student capable of independently carrying and administering this medication? ____yes ____no

Licensed Prescriber's signature for prescription medications: _____

Licensed Prescriber's name printed: _____ Phone: _____

School Physician's confirmation for nonprescription medication only: _____

(Confirmation from School Physician for nonprescription medication will be obtained by school nurse)