

**MEDICATION ADMINISTRATION CONSENT & MEDICATION ORDER FORM
WYOMING AREA SCHOOL DISTRICT**

In accordance with school policy, medication(s) should be given at home before and/or after school. When this is not possible, each student must provide the school nurse with a "Medication Administration Consent & Medication Order Form" *signed by both the student's parent/guardian and a licensed prescriber.*

This form is to be used for ALL medications, including both prescription and over-the-counter medications such as Tylenol or Motrin.

The parent/guardian is responsible for providing the medication prescribed below to the school. The medication must be in the original (unopened) bottle and labeled appropriately from the pharmacy, if applicable. Please remember that students are not permitted to transport medications to or from school.

Parent/Guardian Consent:

I give 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 the school health personnel according to my child's licensed prescriber's directions.

Parent/Guardian:

Signature: _____

Date: _____

Print Name: _____

Phone Number: _____

Licensed Prescriber Medication Order:

Patient (Student) Name: _____

Allergies: _____

Name of Medication: _____

Route and Dosage: _____

Time of Administration: _____

Purpose of Medication: _____

Directions: _____

Start Date: _____

End Date: _____

Licensed Prescriber:

Signature: _____

Date: _____

Print Name: _____

Phone Number: _____

Any questions or concerns, please contact the school nurse:

Secondary Center: PHONE: 570-655-2836 x2343 FAX: 570-602-0585

Intermediate Center: PHONE: 570-654-1404 FAX: 570-602-0555

Primary Center: PHONE: 570-693-1914 FAX: 570-613-0298

Kindergarten Center: PHONE: 570-655-2146 FAX: 570-602-0555