

4.35F—MEDICATION ADMINISTRATION CONSENT FORM

Student's Name (Please Print) _____

This form is good for school year _____. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

Medications, including those for self-administration, must be in the original container and be properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

I hereby authorize the school nurse or his/her designee to administer the following medications to my child.

Name(s) of medication(s) _____

Name of physician or dentist (if applicable) _____

Dosage _____

Instructions for administering the medication _____

Other instructions _____

I acknowledge that the District, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of medications in accordance with this consent form.

Parent or legal guardian signature _____

Date _____

Date Adopted: 4/10/2017

Last Revised: