



MEDICATION CONSENT FORM

A healthcare provider's* written order and signature is required for the school nurse to administer any medication with the exception of Tylenol, Ibuprofen and Calamine lotion. All prescription medication must be delivered to the nurse in its original, pharmacy labeled container which lists the name of the student, name of the medication, dosage, frequency of administration and the health provider's name and phone number. All non-prescription medication must be delivered with the student's name on the original packaging, along with a written and signed MD order. All medications also require a parent/guardian signature as well.

***** **PARENT/GUARDIAN CONSENT** *****

NAME OF STUDENT: _____ DOB: _____ GRADE: _____

ADDRESS: _____

PHONE: (H) _____ (W) _____ (C) _____

I hereby request that the medication listed below, ordered by my child's health care provider, be administered by the school nurse. I understand that I must provide the school with (30 day supply or less) the prescribed medication in the manner stated above. I will not hold the school nurse, or CCA responsible for any adverse reactions incurred as a result of administering this medication according to the healthcare provider's written order.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

***** **PHYSICIAN ORDER TO ADMINISTER MEDICATION** *****

This section to be completed by Health Care provider only.

Student Name: _____ DOB: _____

Diagnosis: _____

Medication: _____ Dose: _____ Route: _____ Time of Admin: _____

Start date: _____ End date: _____

Health Care Provider Signature: _____

Health Care Provider Name: (print) _____

Address: _____ **Phone:** _____

***Health Care Provider = MD, NP, PA, Dentist, or Orthodontist
Provider may attach own order form or fax a signed order to 978-535-7123.**