PRESCRIPTION MEDICATION CONSENT FORM

St. Mary School

Medications are to be administered at home whenever possible. If it is necessary for a student to receive medications at school, all portions of this form must be completed before medication can be administered by school district personnel. One form for EACH medication is required.

Student: _____

Medication name: _____

Dose: _____ Daily ___ As Needed____

How to be given: [ ] oral [ ] inhaled [ ] nebulizer [ ] injectable [ ] topical [ ] eye [ ] ear

Time to be given:_____

Dates to be give_____

The above medication is to be administered during the school day in accordance with the above instructions and agreements. I agree to accept communication regarding the student/medication and understand that non-medically licensed, trained school personnel may give the medication.

School personnel has my permission to administer this medication as indicated above. I will supply medication in its original pharmacy-labeled package listing the name of the: student, prescriber, medication, dose and effective date. (Request extra bottle from pharmacy)

I agree to hold St. Mary School, its employees or agents acting within the scope of *their* duties harmless in any and all claims arising from the administration of this medication at school.

I will notify the school immediately if there is any change regarding this medication order.

I understand that all medication is to be transported to and from school by a parent/guardian.

All medications will be picked up upon the completion of the school year. (last day).

Parent*/Guardian *signature & date:

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