

## 4.35F---MEDICATION ADMINISTRATION CONSENT FORM

**NOTE: A separate form must be completed for each medication administered**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_

The school nurse (or designee) has my permission to take a photograph of my student for identity purposes.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time to be taken \_\_\_\_\_ Ordering Physician \_\_\_\_\_

Reason for Medication \_\_\_\_\_

In case of an Emergency, call \_\_\_\_\_

I certify that **at least one** dose of the medication has **previously been given** and **NO** adverse reactions were experienced. Therefore, I give permission for the school nurse (or designee) to administer the above medication to my child.

For an oral controlled substance, in the unavailability of a school nurse, **the parent may delegate** to the designee \_\_\_\_\_ to administer the medication \_\_\_\_\_ to my child at school for \_\_\_\_\_ at the indicated time(s) \_\_\_\_\_.

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 Guardian

\_\_\_\_\_  
Date

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.

Date	Pill Count	Brought by	Signature/Signature (two persons)	Comments