

# Consent Form for Medication at School

(one form per medication)

Name of student: \_\_\_\_\_

Grade: \_\_\_\_\_

Medication: \_\_\_\_\_

Dose: \_\_\_\_\_

Time: \_\_\_\_\_

Route: (oral, topical, etc.) \_\_\_\_\_

Reason: \_\_\_\_\_

\*\*\*Medications **must** be brought to school by a parent or adult. They **cannot** be sent with a student.

I understand that if my child must have medication given at school, they can receive medications through the School Health Services by authorized school personnel. I understand that medications ordered for "3 times per day" should be given at home before school, after school, and before bed.

I understand that the **medication must be in the original container with a pharmacy label** with all of the information current as to what the child receives, including name, dose, medication, route, time, physician, and expiration date. A reason for taking the medication must also be provided. We do not administer non-FDA-approved medication.

I understand that the **parent portion of the medication authorization form must be complete and on file with School Health Services prior to administration of medication.** Medication will **NOT** be given without consent.

I understand that I will be notified when my child will need a refill of medication, and I will bring the medication in to school in a timely manner.

\*\*\*In the event of a late start or early out, school may not be in session at the designated time for your child to receive their medication.

~Early out days: If school is dismissed early, your child will receive their medication at the usual time, as long as school is still in session. If dismissal occurs before the scheduled medication time, your child will not receive that medication.

~Late starts: For morning meds, you can give your child their medication at home, or it can be given once they arrive at school. Please indicate what you would like us to do.

In the event of a late start (meds taken in the morning, only):

\_\_\_\_\_ I will give my child his/her medication at home at \_\_\_\_\_ a.m.

\_\_\_\_\_ Please give the medication when my child arrives at school.

I hereby give written authorized permission to a qualified employee of the Albert City-Truesdale Community School District to administer the medication to the above-named student during school hours. It is understood that this relieves all school personnel and the Albert City-Truesdale CSD from responsibility in administering this medication; providing the directions are followed. The school is merely carrying out the physician's recommendation and/or parent or guardian request.

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