



### Medication Consent Form

*The state medication law requires written permission from the parent and physician to give all prescription medications and herbal supplements.*

1. All medications must be in an **original over the counter (OTC) and/or pharmacy container with** student's name, name of medication, dose, and time of administration on the label and/or container.  
**Staff may not administer medication from baggies or envelopes.**
2. An updated medication order is necessary when the dose changes or medication is discontinued
3. Narcotic medication should be administered at home.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Diagnosis: \_\_\_\_\_

### Medication Instructions

This form will be valid for one school year.

Medication(s)	Dosage	Times given at school	Possible side effects/ Instructions

Medication order effective - Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Physician – Parent Consent

- I hereby give permission to staff as designated by the school nurse or principal to give the above medications to my student.
- I authorize the school nurse to contact the physician regarding the medication if necessary.
- Physician's signature directs the above medication administration and indicates his/her willingness to communicate if needed with staff regarding the medications.

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

Physician/Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/Provider Name Print: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**Wa-Nee Community Schools policy states all medication may be sent home with students at the end of the year. Please check below how you want the medication returned. Any medication not picked up by the end of the year will be discarded.**

\_\_\_\_\_ I will personally pick up my child's medication on: Date \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_ I want my child to bring the medication home and I will assume responsibility for the safe transportation of the medication.