



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: _____
 School: _____
 Diagnosis: _____

Date of Birth: _____
 Grade: _____

MEDICATION INSTRUCTIONS

Form 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: _____

WaNee School 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.