

School Year: _____

Consent for Administration of Medication or Physician Ordered Treatment During the School Day

Parents of students requesting that medication or a medical treatment be administered during school hours by school staff are required to provide for the school: (1) the physician's order, (2) a parental release, and (3) medication in the prescribed bottles.

STUDENT NAME: _____ GRADE: _____

Physician's Order for Administration of Medication by School Personnel

I have prescribed the following medication or treatment for this child and request school personnel administer the dosage/treatment given during school hours.

Medication or Treatment: _____

Dosage and time of administration: _____

Purpose or condition for which prescribed: _____

Remarks: _____

Signature of Physician: _____ Date: _____

Your physician may fax this information to our office.*Parental Release for Administration of Medication**

I request that the above medication/treatment be administered to my child as prescribed by the physician. I understand I must provide medication in the original bottle, properly labeled by the pharmacy with the student's name, date, dosage, time, and directions for administration. I release school personnel from any liability in relation to the administration of this medication or treatment at school.

Parent/Guardian Signature: _____ Date: _____