BABOQUIVARI UNIFIED SCHOOL DISTRICT #40

Consent for Giving Prescription and Prescribed Over the Counter Medications at School

Student Name _____**DOB:**_____

(Please Print)

When possible, routine medications should be administered at home. If it is necessary to administer any medications while a student is in school, the parent/guardian must give consent.
Medication must be delivered to school in the original container with the pharmacy label intact. Each medication must be labeled with Name, Date of Birth, Dose, Route of administration, and Time of administration. If a student has multiple medications, a consent form must accompany each medication.

The medication is to be given in the following manner:

Name of Medication: _____

Strength of Medication: _____

Amount to be Given: _____

Time of Administration at School: _____

Route of Administration (by mouth, etc.):_____

Comments and/or Instructions: _____

Reason for Medication: _____

Date Medication is to be discontinued: _____

☐ Student may self-carry and self-administer their medication (**Valid only for diabetes, asthma, and anaphylactic reactions. Students may not carry any other medications.**)

Healthcare Provider Name: _____ **Phone No.** _____

(Please print)

_____

Healthcare Provider Signature **Date**

I hereby request and my consent for the School Nurse or person designated by the School Administration to give my child medication prescribed by the licensed health care provider listed above. **I acknowledge that it may be necessary for the assistance in administration of medication to my child to be performed by an individual other than a nurse, and specifically consent to such practice.**

I understand the law provides that there shall be no liability for civil damages as a result of the assistance in administration of such medication and/or treatment where the person assisting in the administration of such medication and/or treatment acts as an ordinarily reasonably prudent person under the same or similar circumstances. I understand my child's medication is to be presented to a school representative by an adult. I will assume full responsibility for the supply, appropriate transportation and maintenance of the above medication. If any changes in medication or dosage occur, the school must be notified immediately, and a new form must be completed. I give permission for the exchange of information directly with the healthcare provider regarding my child's medication.

Any medications not picked up by the last day of school by the student's parent/guardian, or other designated adult, will be destroyed.

Please read consent and sign and date on back

Parent/Guardian Home Phone # **Parent/Guardian Work Phone #**

Parent/Guardian Signature **Date**