Independent School District No. 197
Consent for Administration of Medication in School

The policy of Independent School District 197 regarding the administration of prescription or over-the-counter medication to students in school includes the following requirements:

1. A written order from the licensed prescriber.
2. Written parental permission for the administration of medication.
3. Medication must be in the original over-the-counter container or current, correctly labeled prescription bottle.

NOTE:

- It is suggested that, whenever possible, medications be given at home.
- Medication orders are required annually and when changes are made from original orders.
- Orders may be FAXED to the student's school.
- Ask your drugstore to divide the prescription medication into two (2) labeled containers---1 for home and 1 for school.

Student Information

Student's Name _____ Date of Birth _____

School _____ Grade _____ Teacher _____

Licensed Prescriber's Order For Administration of Medication By School Personnel

I have prescribed the following medication for this student and request the dosage(s) given during school hours be administered by school personnel under the delegation/supervision of the Licensed School Nurse.

Medication	Strength	Dose	Time	Medical Condition	Possible Side Effects

o This student will keep inhaled medication in the Health Office.

o This student is knowledgeable about and has the skills to safely possess and use an inhaler.

_____ _____
Print or Type Name of Licensed Prescriber Clinic Address/City/Zip

_____ _____ _(____)_____
Licensed Prescriber's Signature Date Phone Number with Area Code

Parent/Guardian Release for Administration of Medication

I request and authorize school personnel under the delegation/supervision of the Licensed School Nurse to administer this medication as ordered by the above licensed prescriber. I give my permission for the Licensed School Nurse to contact the prescriber regarding questions/concerns related to my student's medication.

o I give permission for my student to carry their inhaler. I understand that the Licensed School Nurse will assess the student's knowledge and skills to safely possess and use an inhaler in the school setting.

_____ _____ _(____)_____
Parent/Guardian Signature Date Daytime Phone

02/02 Form H-10