



The Seven Hills School Consent to Administer Medication at School

(School Guidelines For Administration Of Medication At School On Reverse Side)

In order for school personnel to administer **prescribed or over-the-counter drugs** such as Tylenol to a student, the following information **must be on file and contain the written consent of the licensed prescriber and parent.**

Name of Pupil _____ Date of Birth _____

Address _____ Zip Code _____

Phone _____ Division _____ Grade _____

To be completed by the physician/licensed prescriber (one medication/consent):

Name of Medication Glucagon Dosage _____

Reason (please be specific): _____

Time to be Given _____ Duration of Dosage _____

How Administered _____

***Asthma Inhalers or EpiPen** - may be kept by student for use as needed (if age appropriate) yes____ no _____

As the prescriber, by checking "yes" I have determined that this student is capable of possessing and using this auto-injector &/or inhaler appropriately and have provided the student with training in the proper use of the auto-injector &/or inhaler.

If No, Please Elaborate on Child's Needs _____

Special Instructions Re: Administering/Storing of Medication _____

Date to Begin Administering Medication _____

Date to Terminate Administering Medication _____

Possible Side Effects _____

Licensed Prescriber's Name (print or type) _____ Phone _____

Licensed Prescriber's Emergency Phone _____

Licensed Prescriber's Signature _____

To be completed by parent:

Note: Any prescribed medication must be in a pill, capsule or in liquid form. It must be in a clearly marked container from a pharmacist. The label must show the student's full name, the dosage directions, the doctor's name and the prescription number. As a general rule, the School's personnel do not give injections. This form is valid for the current school year beginning with the first day of school in August.

The undersigned agree not to file or make any claim against anyone for negligence in connection with the administration or non-administration of any medicines and further agree to save such individuals and hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines.

I am fully aware that requested medication may, by necessity in the absence of the school nurse, be self-administered with the assistance of medically unlicensed school personnel (OAC 4723-13-02).

I have read the Guidelines for Administration of Medication at School and will abide by them. (over) As required by law, I will submit a revised form if there are any changes to the above information.

*I authorize my child to possess & use an auto-injector &/or inhaler, as prescribed, at school. I will provide a backup dose of the autoinjector medication to the school as required by law.

Signature of Parent/Parent Surrogate _____ Date _____

