



# 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 \_\_\_\_\_ 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** \_\_\_\_\_

