

WRITTEN PARENT/GUARDIAN CONSENT
FOR MEDICATION ADMINISTRATION

Name Of Student _____ School _____ Grade _____
Date of Birth _____ Sex _____
Name of Parent _____
Address _____
Tel. Number _____
(Home) _____ Work _____
Tel. Number (Where parent/guardian can be reached in case of emergency)

Other persons, if any, to be notified in case of emergency if parent/guardian is unavailable

Name _____
Phone _____ Relationship _____

My son/daughter is currently receiving the following medications (to be completed if not in violation of confidentiality): (Please list all medicines the child is receiving, including those given during the school day.)

1. _____ 2. _____ 3. _____ 4. _____

My son/daughter is known to have the following allergies:

Consent

1. I give permission to have the school nurse or school personnel designated by the school nurse give the following medication _____ prescribed by _____ to _____.

2. I give permission for my son/daughter to self-administer medication if the school nurse determines it is safe and appropriate. Yes _____ No _____

3. I give permission to the school nurse to share appropriate school personnel information relative to the prescribed medicine administration, e.g. adverse side effects, as she determines necessary for son/daughter's health and safety. Yes _____ No _____

Any restrictions on release: _____

Signature of Parent/Guardian _____ Date _____

Medication Order

(To be completed by a Licensed Prescriber: Physician, Nurse Practitioner or others authorized by Chapter 94C)

Name of Student: _____ Date of Birth: _____

Address: _____ Grade: _____

(street)

(city/town)

Name/Title of Licensed Prescriber: _____

Emergency Number: _____

Business Telephone Num: _____

1) Medication: _____

Route of Administration: _____ Dosage: _____

Frequency _____ Time(s) of Administration _____.

Specific directions for administration: _____

2) Medication: _____

Route of Administration: _____ Dosage: _____

Frequency _____ Time(s) of Administration _____.

Specific directions for administration: _____

Date of Order: _____ Discontinuation Date: _____

Diagnosis*: _____

Any Other Medical Condition(s): _____

1. Special Side effects, contraindications, or possible adverse reactions to be observed:

2. Date of next scheduled visit or when advised to return to prescriber: _____

3. Consent for self-administration (provided the school nurse Yes _____ No _____.

determines it is sage and appropriate). _____

Signature of License
Prescriber:

*if not in violation of confidentiality _____

(Please note: Whenever possible, medication should be
scheduled at times other than school hours.)

Student Name: _____

Medication: _____ **Dosage:** _____ **Frequency:** _____

I understand that it is my responsibility to arrange for an adult at my child's school to administer/dispense this identified medication at the time appointed by the physician.

I understand that this medication is not to be carried by my child during the school day.

I have been advised by the prescribing physician (or other health care professionals) that certain side effects, reactions, or other problems may arise from time to time with the taking of certain medications. I have been fully informed of any such potential problems regarding this medication. I understand that school personnel are not responsible for any problem arising from the side effects of the medication or for the administration of the medication. I acknowledge that it is my responsibility to monitor the administration/dispensing according to the timetable set forth on the physician's order.

I understand that it is my responsibility to replenish or update the medication whenever it is necessary.

I further agree to indemnify and hold harmless the Town of Winthrop and its agents and servants against all claims as a result of any and all acts performed under this authority and in accord with the physician's actions.

I hereby authorize personnel from the Winthrop Public Schools to administer/dispense the referenced medication to my child.

Date

Parent/Guardian Signature