

MEDICATION ADMINISTRATION CONSENT FORM

Notice to Parents/Guardians:

To comply with State School Law governing the administration of medication at school, the Pendleton County School System requires that all students who need medication during school hours do the following:

- Send medication to school only if it is medically indicated during school hours.
- The parent or legal guardian must sign the written consent form for any medication to be given.
- **The first dose of any medication must be given at home** due to the possibility of allergic response.
- The parent must send the medication to school in the properly labeled original container, or individual package not in a baggie or unlabeled bottle. Medication that is not properly identified WILL NOT BE GIVEN.
- Do not list more than one medication on this form. Use a separate form for additional medications.
- If there is any question about the dosage of medication the child is to receive, it will not be given.
- **Beginning the 2003-4 school year, due to a statewide policy change, over-the-counter medications cannot be given at school without a written order from a physician or other medical provider with prescription privileges.**
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Name of student: _____ Date of birth _____ Age: _____

School: _____ Grade: _____

Known Allergies: _____

TO BE COMPLETED BY PARENT/GUARDIAN

I, _____ give my permission for trained school personnel to administer the following medication to my child according to the dosage and instructions listed below.

Parent/Guardian Signature

Telephone

Date

MEDICATION REQUIRED AT SCHOOL-PHYSICIAN MUST COMPLETE

Name of medication: _____

Reason for medication: _____

Medication dosage to be given at school: _____

Time and frequency for medication to be given at school: _____

Method of Administration _____ oral _____ IM injection _____ Subj. Injection _____ Inhalation _____ other

Possible side effects, and/or other instructions: _____

For Inhaled Medications:

- I have instructed the above patient in the proper use of his/her inhaled medication. It is my professional opinion that he/she should be allowed to carry and self-administer this medication.
- The above patient should not carry his/her inhaler, but needs assistance and/or supervision in use of inhaled medication.

Printed Name of Physician

Signature of Physician

Date