

BROCKWAY AREA SCHOOL DISTRICT
MEDICATION ADMINISTRATION CONSENT FORM

Prescription medications should be given at home prior to or after the school day. When this is not possible, medications can be given at school by the school nurse. This form must be signed by the student's parent/guardian AND the licensed prescriber in order to keep medications at school. A new order/signature is needed each year. All medications must be brought in an original labeled prescription bottle from the pharmacy and must be kept in the nurse's office. If medications are found with a student during the school day, the medication will be removed from the student's possession and disciplinary action may be taken.

*All medications must be brought in by the parent/guardian or a responsible adult designated by the parent/guardian.

Student Name: _____ Date of Birth: _____ Grade: _____ Date: _____

Name of Medication: _____ Dosage: _____

Time to be administered: _____

Purpose: _____

Termination date: _____ (limit of one school year)

Possible side effects:

Procedure to follow if reaction occurs:

Curtailment of specific activity (sports, shop, gym, etc.):

Licensed Prescriber Signature

Print Name

Telephone

Date

Parent/Guardian Signature

Date

Principal Signature

School Nurse Signature