

FRIEND PUBLIC SCHOOLS

MEDICATION CONSENT FORM

NOTE: If possible, parents are advised to give medication at home on a schedule other than during school hours. If it is necessary that a medication be given during school hours, the following regulations must be followed.

→Medication must be ordered/advised by a physician/dentist and permission granted to the school nurse to contact physician/dentist/pharmacist if necessary.

→The parent/guardian must provide directions to the school personnel responsible for administration of medication.

→ Medication must be brought to school by parent/guardian in the original container with appropriate label intact. Secondary students may bring necessary medication to school; must give to school personnel at the beginning of the school day, and medication must be kept in the locked medicine area of the health office. If medication is not properly labeled, it will NOT be given.

→Parent/guardian must sign this form, granting school/personnel permission to administer medication, according to regulations set herein.

The designated personnel at Friend Public Schools has my permission to administer medication to: _____ (Student) as recommended by

_____ (Doctor, Dentist, APRN, etc) for the purpose of treating

_____ (Condition or Complaint)

Name of Medication: _____ Dose to be given: _____ (Tabs/Tsp. etc.)

Time to be given: _____ Start Date: _____ End Date: _____

I understand that unlicensed school personnel may be assigned to provide medication to the student and I hereby release the School District and the Board of Education of the School District and all employees, agents, and representatives for the School District from any liability concerning the providing or nonproviding of the medication to the student.

Signature of Parent/Guardian/Responsible Party

Date