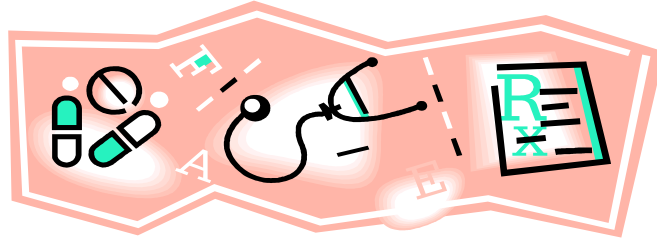


SHAMOKIN AREA MIDDLE/HIGH SCHOOL



Medication Administration Consent & Licensed Prescriber Order

Student Name _____ Date/Time _____

School _____ Teacher/Grade _____

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, each student must provide the school nurse with a **Medication Administration Consent form signed by the student's parent/guardian and a Medication Order from a licensed prescriber**. All medications must be in an original prescription bottle/container from a pharmacy.

PARENT/GUARDIAN CONSENT:

I give my permission for my child, _____, to receive the following medication ordered by a licensed prescriber during the school day. I understand that the medication(s) will be given by school health personnel according to my child's licensed prescriber's directions.

Signature of parent/guardian _____ Date _____

Printed name of parent/guardian _____ Phone _____

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LICENSED PRESCRIBER MEDICATION ORDER:

Patient's name _____ Date _____

Name of medication _____

Route and dosage _____

Time of administration _____

Directions _____

Discontinuation date _____

Allergies _____

Licensed Prescriber signature _____

Licensed Prescriber name printed _____ Phone _____