



DISTRICT NURSING DEPARTMENT
PARENT CONSENT
MEDICATION ADMINISTRATION

School Name: _____

Student Name: _____ DOB _____

I hereby give permission to designated school staff to administer the below listed medication. Please use one sheet per medication.

Medication Name: _____

Medical Diagnosis: _____

Dosage: _____ Frequency/Administration Time: _____

Route: _____

I give permission for the school staff to contact my child's physician with any concerns regarding medication administration. Parent/Guardian Initials _____

I will notify the school in writing when requesting termination of medication administration or changes in administration. In the event that I revoke consent for medication administration or termination due to physician orders, I understand that a new Parental Consent form will need to be completed. Parent/Guardian Initials _____

I agree to provide no more than a four week supply of medication. The medication is to be delivered to the school office or other designated location. Parent/Guardian Initials _____

Prescription medication must be supplied in a pharmacy labeled container. The label will include the child's name, medication name, dosage, administration frequency, prescribing physician name, pharmacy name and phone number. Parent/Guardian Initials _____

I understand that I cannot send prescription medications to school with my child. The parent, or a responsible adult designated by the parent, is expected to deliver and retrieve any necessary medications to/from the school. An exception may be made if the parent has requested written approval for student self administration of medication. Parent/Guardian Initials _____

I understand that medication will not be administered by the school without full compliance of above stated terms and conditions.

Parent/Guardian Signature _____

Date _____

(_____) _____

(_____) _____

Home Phone

Work Phone

Note: This form may be faxed to the respective school upon completion or to the District Nursing Department at fax # 414-546-5641. For questions call the District Nursing Department at 414-604-4000 x 1107.