

Wauzeka-Steuben School Medication Consent Form

Student's Name

Date of Birth

Grade

School Year or Effective Date

Allergies: including medications, foods, etc.

NOTE: For prescription medications: Signed Parent Consent and signed Physician's Order required.

CONSENT FOR PRESCRIPTION MEDICATION

PHYSICIAN ORDER: Complete for EACH PRESCRIPTION / MEDICATION / PROCEDURE at school.

Medication	Dosage	Time to be given
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Reason for Medication/ Diagnosis: _____

Additional Information: _____

Medication	Dosage	Time to be given
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Reason for Medication/Diagnosis: _____

Additional Information: _____

For Asthma inhalers or EpiPen **ONLY:** May student carry inhaler or EpiPen in school? Yes _____ No _____

Date

Medical Provider

Telephone

By signing below, I give school personnel permission to administer , as directed by his/her physician, the above prescription medication to my child. I give permission for necessary information related to my child's condition to be shared with the school nurse. I authorize school personnel to exchange information verbally or in writing with my child's physician regarding this medication or the condition for which it is prescribed. **Medication must be supplied in its original, properly pharmacy labeled container by the student's parent or guardian.**

It is the parent's/gurardian's responsibility to provide medication, as prescribed by the student's medical provider, to the school district. It is also the responsibility of the parent/guardian or designee to bring and/or pick-up medications, as the student, by law is unauthorized to due so. This would include; medication that has been discontinued or medications remaining at the end of the school year. **The school district is not responsible for disposing of any medications.**

If appropriate: Regarding a late start or delayed start day shall the Wauzeka-Steuben staff administer medication? (for example a 10:00 a.m. start) YES NO
If for any reason this decision should change I will contact the Wauzeka-Steuben School District.

Date

Parent/Guardian Signature

Telephone