



**Parental Consent and Medication Order**

**Authorization for Medication to be Administered During School Hours**

*Parent/Guardian to complete and sign top half of form/Bring to licensed prescriber to complete and sign bottom half of form  
Return to the school nurse*

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

My son/daughter is currently taking the following medications (include all medications, even those during school hours)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Can student self-medicate, if determined to be appropriate by nurse? Yes  No   
 I request that my son/daughter be given the medication described below by the school nurse as authorized by myself and my provider below. (Please note: *I understand that I may retrieve the medicine from school at any time and the medicine may be destroyed if it's not picked up within one week of termination of the order or by dismissal time on the last day of school/summer school, if applicable*).

\_\_\_\_\_  
**Signature of Parent/Guardian**                      cell phone                      work/home phone

**ONE MEDICATION PER FORM** The following to be completed by the Physician or Licensed Provider as authorized by Chapter 94C. *Whenever possible schedule medications outside of school hours.*

Diagnosis for medication given: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Route: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Can student self-medicate, if determined to be appropriate by nurse? Yes  No   
 Significant Side Effects: \_\_\_\_\_

Date to Start: \_\_\_\_\_ Date to Discontinue: \_\_\_\_\_

**Licensed Provider Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Phone: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Other Information: \_\_\_\_\_

*School Nurse's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*"A pathway for every student"*