

4.35F-MEDICATION ADMINISTRATION CONSENT FORM

Student's Name (Please print): _____

This form is good for the school year 2024-2025. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

Medications, including those for self-administration, must be in the original container and be properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose of the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

I hereby authorize the school nurse, or designee, to administer the following medication to my student:

Name of medication: _____

Name of a prescribing healthcare provider: _____

Dosage: _____

Instructions for administering the medication: _____

Other instructions: _____

I hereby authorize _____ to administer the above medication to my student in the unavailability of the school nurse at school in accordance with the above medication administration instructions.

I authorized the school nurse to take a photograph of my student to be used to verify my student's identification before the school nurse or an authorized individual administers medications to my student.

I acknowledge that the District, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of medications in accordance with this consent form.

Parent/Guardian Signature _____ **Date** _____

Last Revised: July 2024

Relates to Board Policy 4.35