



This form must be completed in lay language with no abbreviations.

Licensed Health Care Provider signature required for prescription medications that are to be administered daily for 10 or more days.

Prescription medication must be in the original container/packaging, including the pharmacist's administration instructions.

Student Name _____

Date of Birth _____

Known Drug Allergies: _____

Name of medication (including strength) _____

Amount/Dosage to be given _____ Route of administration _____

Frequency to administer _____ OR Specific Time _____

OR

Identify the symptoms that will necessitate administration of medication: (signs and symptoms must be observable and, when possible, measurable parameters). _____

Possible side effects: _____

What action should the school take if side effects are noted: _____

Special Instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. also describe situations when medication should not be administered.)

Reason the child is taking the medication (unless confidential by law): _____

Date consent form completed: _____

Date to be discontinued or length of time in days to be given (this date cannot exceed 12 months from the date authorized or this order will not be valid): _____

Prescriber's name: _____ Prescriber's phone number: _____

Licensed authorized prescriber's signature: _____

Parent/Guardian Must Complete This Section

I, parent/legal guardian hereby request designated school personnel to administer medication as directed by this authorization to my child _____. I agree to release, indemnify and hold harmless Trinity School at Meadow View, the designated school personnel, or agents, from lawsuits, claim expense, demand or action, etc., against them for helping this student use medication.

Parent or legal guardian's name (please print): _____

Parent or legal guardian's signature: _____ Date: _____