

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Date of Birth \_\_\_\_\_



# Clayton Public Schools

## **Medication Consent Form (Return to the School Nurse)**

Whenever possible the parents are advised to give medication at home and on a schedule other than during school hours. IF IT IS NECESSARY that a medication be given during school hours these instructions must be followed.

1. Medication must be brought into school by an adult.
2. Medication to be given must be brought to school in its original container with the appropriate label intact (no Ziploc bags).
3. **Permission to dispense** medication must be completed by **prescribing physician/nurse practitioner/dentist, etc.**
4. **Permission to administer** medication must be completed by the **parent/guardian.**
5. This form is applicable for the current school year and a new form must be submitted each year.

### **To be completed by the physician/nurse practitioner, dentist, etc: (Permission to Dispense)**

In order to provide an appropriate educational program the following medication(s) must be provided to this student during the school day.

Diagnosis/Condition \_\_\_\_\_

Medication	Route	Dose	Time(s)

During a field trip:

In the event that the school nurse or a substitute cannot be sent on the trip, a student may not receive medication while on the field trip. If advisable, please give the school nurse directions on how to alter the student's medication regime for a field trip.

\_\_\_\_\_ The nurse may skip the medication during the day in the case of a field trip.

\_\_\_\_\_ The medication may be given on an alternate schedule for the day of the field trip. The altered schedule is: \_\_\_\_\_.

\_\_\_\_\_ The student may self-administer medication under adult supervision.

\_\_\_\_\_  
Signature of Practitioner

\_\_\_\_\_  
Date

Office Stamp:

\_\_\_\_\_  
Printed Name of Practitioner

\_\_\_\_\_  
Office Phone Number

### **To be completed by the parent/guardian: (Permission to Administer)**

The School Nurse has my permission to administer the above medication(s) to my child as prescribed and noted above during school and on field trips. I understand that all medications(s) must be in the original container with the appropriate label intact, and must be brought to the school by an adult. The School Nurse has my permission to contact my child's health care provider identified above for information/records as needed to care for my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Parent/Guardian Name

\_\_\_\_\_  
Date