



Clayton Public Schools

PRESCRIPTION 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 Healthcare Provider (Permission to DISPENSE):

In order to provide an appropriate educational program the following medications must be provided to this student during the school day.

Diagnosis/Condition: _____

Medication	Route	Dose	Time(s)

Field Trips & Prescription Medication (please CHECK below instructions for School Nurse):

In the event that the School Nurse or a substitute cannot be sent on the field trip, a student may not receive medication while on the field trip. 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 Healthcare Provider

Date

Printed Name of Healthcare Provider

Office Phone

Office Stamp:

To be completed by PARENT/GUARDIAN (Permission to ADMINISTER):

The School Nurse has my permission to administer the above medications to my child as prescribed and noted above during school, and on field trips. I understand that all medications 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 Healthcare Provider identified above for information/records as needed to care for my child.

Printed of Parent/Guardian

Signature Parent/Guardian Name

Date