



FANNETT-METAL SCHOOL DISTRICT

Medication Administration Consent & Licensed Prescriber Order

Fannett-Metal School District

Student Name: _____ Date/Time: _____

School: _____ Teacher/Grade: _____

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, each student must provide the school nurse with a Medication Administration Consent form signed by the student's parent/guardian and a medication order from a licensed prescriber. All medications must be in original prescription bottle/ container from a pharmacy.

Parent/Guardian Consent:

I give my permission for my child, _____, to receive the following medication ordered by a licensed prescriber during the school day. I understand that the medications will be given by the nurse according to my child's licensed prescriber's directions.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name printed _____ Phone: _____

Licensed Prescriber Medication Order:

Patient's name _____ Date: _____

Medication, route, and dosage: _____

Time of administration: _____

Directions: _____

Discontinuation Date: _____

Allergies: _____

Licensed prescriber signature: _____

Licensed prescriber name printed: _____

Office phone number: _____