



**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: \_\_\_\_\_