



SAINT MICHAEL
EPISCOPAL SCHOOL
DALLAS, TEXAS

Medication Administration Consent and Licensed Prescriber Order

Student Name: _____ **Date:** _____

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 *Medication Order* from a licensed prescriber. All medications must be in an original prescription bottle/container from a pharmacy or in the original packaging.

Parent/Guardian Consent:

I give my permission for my child, _____, to receive the following medication during the school day. I understand that the medication(s) will be given by school health personnel 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:** _____

Name of Medication: _____

Route and Dosage: _____

Time of Administration: _____

**If PRN, please indicate conditions in which to give.*

Directions: _____

Discontinuation Date: _____

**Orders are valid for 1 school year if no other date is indicated.*

Allergies: _____

Licensed Prescriber Signature: _____

Licensed Prescriber name printed: _____ **Phone:** _____