Blessed Sacrament School
Medication Administration Consent Form

AUTHORIZATION FOR MEDICATION: Prescription

Student's Name: _____Date of Birth: _____Grade: _____

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Allergies: _____
Diagnosis: _____

MEDICATION	DOSAGE & ROUTE	FREQUENCY	SPECIFIC TIMES	SPECIAL INSTRUCTIONS/ SIDE EFFECTS

List any emergency precautions / health emergencies that should be anticipated for this student; e.g. allergy triggers, diabetic reactions, etc.) : _____

_____

There are no extraordinary emergency medical services available at school. Since only CPR and first aid are available until 911 arrive, is this adequate for student survival? ☐ YES ☐ NO, IF **"NO",** specifies:

_____

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_____ _____
Physician's Name (Printed) **Physician's Signature**

_____ _____
Physician's Telephone & Fax Numbers

_____ _____
Physician's Office Address **Date Completed**

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PARENTAL PERMISSION FOR MEDICATION

(TO BE COMPLETED BY THE STUDENT'S PARENT / GUARDIAN)

I grant the school nurse or his / her designee the permission to assist or perform the administration of each medication to or for my child during the school day, including when he/she is away from school property for official school events. If my child has been authorized by his/her physician to self-administer their medication(s), I grant permission for my child to self-administer their medication at school and when they are away from school property for official school events. In the event that my child is unable to self-administer their medication, I give permission for the nurse/designee to perform the administration of the prescribed medication.

NOTE:

- **Medications must be supplied in the original container.** Ask the pharmacist to divide the medication into two completely labeled containers, providing one for home and one for school.
- School personnel may administer only medications authorized by a physician.
- It is your responsibility to notify the school when there is a change in medication regimen.

_____ _____
Parent / Guardian Name (Printed) Signature of Parent / Guardian

_____ _____
Date Signed Home Phone Number

_____
Work/Cell Phone Number (Include Ext. if any)