

Consent for Medication Administration

Student: _____ Grade: _____
Teacher: _____

I authorize the Principal/designee of _____ School to administer the following to my child:

Medication: _____ Dose: _____

Time: (check and fill in correct time/reason for medication)

- 1) _____ Medication at _____ o'clock.
- 2) _____ As needed to control asthma or wheezing but no more often than every 4 hours.
- 3) _____ As necessary for _____

- Prescribed medication will be provided in the original container stating the name of the medication, student's name, the name of the pharmacy, physician's name and the dose to be given.
- Over-the-counter medications will be in the original store container and in an age appropriate form and dose.
- Consents for cough medications will be good for a maximum of 2 weeks.
- The first dose of any medication must be given by parent/guardian.
- Parent/guardian is responsible to pick up medications from school.

I absolve the school personnel of all responsibility for any unforeseen development/reaction due to the administration of the above named medication. It is the responsibility of the child to come to the office to take his/her medication.

Authorization start date _____ Authorization end date _____

Parent/Guardian Signature: _____ Date: _____

See the back of this page or page 2 for drug administration log.

MIDDLE AND HIGH SCHOOL STUDENTS ONLY / OVER-THE-COUNTER MEDICATION

Student: _____ Grade: _____

Medication: _____ Dose: _____

I authorize my child to take the above over-the-counter/non-prescription medication (this does not include "natural remedies", herbs, vitamins, dietary supplements or homeopathic medications-these are considered prescription medications) while at school and relieve the Rapid City Area School District personnel of all responsibility. I understand that the school district and the individuals involved will not be held liable for any adverse effects of the medication. I understand that my child shall possess only the number of dose(s) necessary for school hours or the school event or activity for one day. I understand that this consent cannot be used at the elementary level.

Students are prohibited from transferring, delivering or receiving any medication to or from another student. All violations will result in confiscation of the medication and subject student(s) to discipline in accordance with the district's discipline policy. Students who use medication for purposes other than for its intended use will be disciplined and will no longer be allowed to carry and self-administer medications. Consents must be completed for each medication and a new consent must be signed as the over-the-counter/non-prescription medication change and the consent must be kept in the nurse's office.

Parent/Guardian Signature: _____ Date: _____

