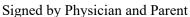
Lancaster Mennonite School MEDICATION CONSENT FORM (08-03-2017)





We understand that the administration of medication during the school day is sometimes unavoidable. For the protection of your child and to be in compliance with standards, Lancaster Mennonite will dispense prescription or over the counter medications only with the signed consent of the student's parent/guardian and physician. For your child to receive any medication during the school day the information below must be completed by both you and your child's physician. You will be notified if your child receives an over the counter medication during the school day. All medication must be provided by you and must be in the original container with your child's name clearly marked on the container.

Parent/Guardian Consent:

I give permission for my child,	, to receive the
medication listed below and as set forth below during the s	chool day. I understand that the medication will
be given by school staff according to my child's physician's	s directions. I understand that staff other than
the school nurse may administer the medication and may r	not be trained in the administration of
medication. I knowingly consent to this procedure and requ	lest that the medication be administered. I
knowingly consent to this procedure and request that the n	nedication be administered. I agree to release
LM of any liability and hold LM harmless for the administra	tion of the medication as set forth below. I
understand and accept that the Lancaster Mennonite Scho	ool Board and its employees are not
responsible for any effects of or reactions to the medication	n administered.

Signature of Parent/Guardian	Date
Licensed Prescriber Medication Order:	
Patient's Name:	Date:
Name of prescription <u>o</u> r over the counter medication:	
Dosage:	
Time of administration:	
Directions:	
Possible Side Effects/Interactions with Other Medication:	
Known Allergies:	
Discontinuation Date:	
Physician signature:	
Physician name printed:	
Practice Name and Phone Number:	
Additional Information:	