## Lancaster Mennonite School **MEDICATION CONSENT FORM (10-22-2015)** Signed by Physician and Parent



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 medicine 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 school day. I understand that the medication will be given by school staff according to my child's physician's directions. I understand that staff other than the school nurse may administer the medication and may not be trained in the administration of medication. I knowingly consent to these procedure and request that the medication be administered. I agree to release LMS of any liability and hold LMS harmless for the administration of the medication as set forth below. I understand and accept that the Lancaster Mennonite School Board and its employees are not responsible for any effects of or reactions to the medication administered.

Signature of Parent/Guardian	
Licensed Prescriber Medication Order:	
Patient's Name:	Date:
Name of prescription or 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:	
Physician Practice Name and Phone Number:	
Additional Information:	