LANCASTER MENNONITE

Medication Consent Form

(Prescription and OTC medications)

Dear parent/guardian: We understand that the administration of medication during the school day is sometimes unavoidable. Please note the following:

- For your child to receive any medication during the school day (OTC or prescription) the information below must be completed by the parent and physician.
- **All medication must be provided by you and must be in the original container with your child's name clearly marked on the container. We cannot accept expired medication.**

Parent/Guardian Consent:

- I give permission for my child, _____, to receive the medication (OTC or prescription) listed below during the school day.
- I understand that the medication will be given by school staff according to the physician order.
- 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 procedures and request that the medication be administered.
- I agree to release Lancaster Mennonite School of any liability and hold Lancaster Mennonite School harmless for the administration of the medication as noted below.
- I understand and accept that Lancaster Mennonite employees are not responsible for any effects of or reactions to the medication administered.

_____ _____

Signature of Parent/Guardian Date

Licensed Prescriber Medication Order:

Patient name:_____ Date:_____

Name of medication:_____ Dosage:_____

Reason for medication:_____ Discontinue date:_____

Time of administration/Directions:_____

Possible side effects/Interactions with other medications:_____

Known allergies:_____

Physician signature:_____ Physician name printed:_____

Physician practice name and phone number:_____

Additional Information:_____

_____