Medication Consent (Scrip and OTC)

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 parent and physician
- All medication must be provided by you and must be in the original container with your child's name clearly marked. We cannot accept expired medication.
- Dispensing of all medication is documented by the administrative assistant.

Parent/Guardian Consent:

- I give permission for my child, ____________________________________, to receive the medication (OTC or script) listed 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 procedures 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 noted 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 Date

Licensed Prescriber Medication Order:

Patient's name ____ Date _______________________

Name of medication (OTC or script) __________________________________Dosage _____________________

Reason for medication ____Discontinue date ______________

Time of administration / directions ____

Possible side effects / interactions with other medication ____

____

Known allergies ____

Physician signature _________________________________ Name printed _______________________________

Physician practice name and phone number ____

Additional information ____

4/2019