

LENNOX SCHOOL DISTRICT 41-4

SELF-ADMINISTRATION PRESCRIPTION MEDICATION CONSENT FORM

(PHYSICIAN SIGNATURE REQUIRED)

Requires renewal at the beginning of each school year

STUDENT NAME _____ BIRTHDATE _____

DAYTIME TELEPHONE # _____ EMERGENCY PHONE # _____

PARENT(S)/LEGAL GUARDIAN: _____

We encourage medication/treatment to be arranged outside of school hours if possible. A separate form must be filled out for each medication taken.

1. Diagnosis/Reason for Medication _____

2. Name of Medication/Treatment: _____

3. Dosage: _____

4. Amount and time to be taken during school hours: _____

5. Method of administration: _____

6. Medication to be administered from _____ to _____

Month/Date/Year

Month/Date/Year

Precautions and reactions to observe and report _____

I certify that the above named student is capable of self-administration of the above prescribed medication.

If this is an emergency medication (inhaler, epipen), has the student been instructed to self-administer and may

he/she do so? _____ yes _____ no

Physician Signature

Telephone Number

Date

Changes may be called to the school nurse by the prescribing provider with written confirmation within 24 hours. Faxes are acceptable.

I authorize my child to take his/her own medication while at school and relieve the school district and personnel of all responsibility. I understand that the school district and individuals involved will not be held liable for any adverse effects of the medication. I give permission for communication that may be necessary between the prescribing provider and the school nurse to insure safe medication administration. I understand that (with exception to inhalers) only one dose(s) for the day will be carried by my child. All medication must be stored in the student's locker in the medication bottle provided by the pharmacy. In the event the student is unable to administer emergency medication (inhaler, epipen), medication trained staff will give the medication.

Parent's Signature: _____

Date: _____

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 progressive 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.