

2020-2021 Parent Consent for Medication Administration

Student Name _____ Date of birth _____ Grade _____

Physician Name _____ Physician Address _____ Physician Phone # _____

Please read the following medication administration guidelines:

- 1) Medication Administration Form for all prescription and non-prescription medications must be authorized/signed/completed by student's doctor and on file at the school
- 2) Immediate notification of any changes must be submitted in writing by the prescribing provider/doctor
- 3) Medication must be in the original labeled container as it was when it was dispensed
- 4) Medication label must contain student's name, date, name of medication, dosage, directions for use, as specified by doctor/provider on the consent form
- 5) Over-the-counter medications must be in the original unopened container with the student's name on the container.

I hereby acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so, or in the event of a medical emergency, I hereby authorize AJCHS District 81 and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my child (or allow my child to self-administer, while under the supervision of the employees and agents of AJCHS District 81) lawfully prescribed medication in the manner described above and as indicated on the physician administration form. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than the school nurse, and specifically consent to such practices. I further acknowledge and agree that when the lawfully prescribed medication is so administered, I waive any claims I might have against the school district, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the school district, its employees and agents, either jointly or separately, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration of said medication.

Parent Signature _____ Date _____