

# summer at park

## MEDICATION ORDER FORM 2016-17 For Prescription and Over-the-Counter Medication

**Physician Please Note:** This form is for one child and one drug only. Please use separate sheets for more than one drug and for other family members. *Remembers whenever possible, medication should be scheduled at times other than school hours.*

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

### TO BE COMPLETED BY LICENSED MEDICAL PRESCRIBER

Name of Medication: \_\_\_\_\_

Tablet/capsule      Liquid      Inhaler      Nebulizer      Injection      Other: \_\_\_\_\_

Route of Administration: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Times of Administration (regular school hours): \_\_\_\_\_

Specific directions or information for administration: \_\_\_\_\_

Start Date: \_\_\_\_\_ Discontinuation date: unless otherwise noted\* \_\_\_\_\_

*\*Please note: Orders are for school year only and all orders are discontinue on 06-30-17*

Diagnosis for which medication is prescribed: \_\_\_\_\_

Other medical conditions\*: \_\_\_\_\_

*\*If not in violation of confidentiality*

Special Side effects, contraindications, or possible adverse reactions to be observed: \_\_\_\_\_

Other physician orders concerning this medication administration: \_\_\_\_\_

Other medication(s) being taken by student: \_\_\_\_\_

**Consent for self-administration of emergency medication. Only emergency medication such as epipen(s) and/or asthma metered dose inhaler for severe asthmatic is allowed.** At the discretion of the parent, licensed provider and school nurse, this student may carry and self administer emergency medication listed above, with appropriate follow-up with school nurse/personnel. *(No student may carry or self administer any psychotropic or controlled medication).* Contract to carry form is to be completed with school nurse.

- No Self administration
- May Self Administer Under this condition: \_\_\_\_\_
- May Self Administer Unsupervised, with a contract:
- May self administer for Field Trips only, with supervision

Printed Name of Licensed Prescriber \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Fax # \_\_\_\_\_

# summer at park

## WRITTEN PARENT/GUARDIAN CONSENT FOR PRESCRIPTION MEDICATION ADMINISTRATION 2016-17

Name of Student \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian **Printed** Name: \_\_\_\_\_

Telephone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Emergency: \_\_\_\_\_

Other person(s) to be notified in case of medication emergency:

Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

*My son/daughter is currently receiving the following medications (to be completed if not in violation of confidentiality): please list all medications the child is receiving, including those given during the school day.)*

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**My son/daughter has the following food or drug allergies:** \_\_\_\_\_

\*\*\*\*\*

### Consent

1. I consent to have the school nurse or school personnel designated by the School Nurse administer the medication \_\_\_\_\_ prescribed by: \_\_\_\_\_  
(Name of medication)  
\_\_\_\_\_ to \_\_\_\_\_  
(Licensed Prescriber) (Name of Student)
2. I give permission for my son/daughter to self-administer medication, if the school nurse determines it is safe and appropriate (check one) \_\_\_\_\_ yes \_\_\_\_\_ no
3. I give permission to the school nurse to share information relevant to the prescribed medication administration as he/she determines appropriate for my son's/daughter's health and safety.
4. I agree to bring the medications in the original, properly dated and labeled container, will keep a dosage count at home, and will deliver refills as needed. I will promptly pick up any unused medications. I understand I may retrieve the medication from the school at any time; however the medication will be destroyed if it is not picked up within one week following termination of the order or on the last day of school closing in June 2017.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Date