

Juniata County School District
Medication Administration Consent & Licensed Prescriber Order

Student Name: _____ Date: _____

School: _____ Grade: _____

In accordance with JCSD Policy Guide 210, medications should ideally be given at home before and/or after school. However, when this is not possible, prior to receiving any medication at school, each student must provide the School Nurse with a *Medication Administration Consent* form signed by the student's parent/guardian and a *Medication Order* from a licensed prescriber. All prescription medications must be in the original, labeled prescription bottle/container from the pharmacy. All over-the-counter medications must be in the original package, labeled with the student's name.

PARENT/GUARDIAN CONSENT:

I give permission for my child, _____, to receive the following medication listed below during the school day. I understand the medications will be given by the Certified School Nurse or School Health Assistant according to my child's licensed prescriber's directions.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian printed name: _____



LICENSED PRESCRIBER MEDICATION ORDER:

Student Name: _____ DOB: _____

Name of medication: _____

Dosage and route: _____

Time of administration: _____

Purpose of medication: _____

Special directions: _____

Discontinuation date: _____

Licensed prescriber signature: _____ Date: _____

Licensed prescriber printed name: _____ Phone: _____