

Our Lady of the Valley Regional School

Consent Form for Administration of Medication during the School Day

Parents of pupils requesting that medication be administered during school hours by school staff are required, according to school policy, to provide for the school:

- 1) A statement from the physician, and
- 2) A parental release for the administration of medication.

Pupil's name _____ Birthdate _____

Home Address _____ Phone Number _____

PHYSICIAN'S ORDER FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

I have prescribed the following medication for this child and request the dosages be administered by school personnel when necessary.

Date _____ Discontinue Date _____

Known Allergies _____

Medication: _____

Dosage(s) and time(s) of administration (*please include all daily dosages and times*): _____

Instruction for giving medication: _____

Possible side effects: _____

Purpose or condition for which prescribed: _____

Physician's signature (or attached physician's note) _____

Office address _____ Phone _____

PARENTAL RELEASE FOR ADMINISTRATION OF MEDICATION

I request this medication be given as prescribed and the above information be released to the physician as requested.

I release school personnel from any liability in relation to the administration of this medication at school.

I understand I must provide this medication in the original, properly labeled pharmacy bottle. (A school bottle will be provided by pharmacist when requested.)

Parent/guardian signature _____ Date _____