Administration of Prescription Medication
Parental Consent Form

★ **Any medication that can possibly be taken before or after school should be administered at home.** ★

Section 1. Parental Consent (to be completed and signed by parent or guardian)

Student Name_____ Grade _____

Parent Name_____

Daytime/Emergency Contact Phone # _____

Date first dose of medicine was given _____
(please note: any new prescriptions must first be administered by the parent to assure the student will not have a negative reaction at school)

I give my consent for Assumption High School to administer the following prescription medication that I have provided for AHS to my child, according to the directions given below. I agree to release and hold harmless AHS and any of their staff members or agents from lawsuit, claim, expense, demand, or action, etc., against them for assisting this student with this medication, provided AHS complies with the directions below. I have read the procedures outlined on the back of this form and assume responsibilities as required.

Signed _____ **Date**_____
        Signature of parent or legal guardian

Section 2. Medication Authorization
(To be filled out and signed by licensed prescriber. A signed note from the doctor's office may be allowed as a substitute for this section, as long as it includes the information below.) ***Note for the office: If using a doctor's note, please transfer necessary information to this section for ease of use and attach the original note to back of this form.***

Student Name_____ Date of Birth_____

Name of medication_____

Reason for medication (diagnosis) _____

Dosage to be taken at school _____ Time medicine should be administered _____

Special administration request (ex. take with food _____

Time medicine should be administered _____

Duration of treatment_____

Sequence medicine should be administered (if more than one medication) _____

_____

Physician Name (please print) _____ Physician Phone # _____

Physician Signature _____ Date _____

Assumption High School
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INFORMATION AND PROCEDURES

1. **Medications should be taken at home whenever possible** in order that the student not lose valuable classroom time or have a shortened lunch period. Any medication taken in school must have parent or guardian signed authorization. The parent or guardian must transport medication to school.

2. No medication will be accepted by school personnel without receipt of completed and appropriate medication forms.

3. A physician may use office stationery or a prescription pad in lieu of completing section 2. Required information includes: student name, date of birth, medication name, diagnosis, dosage, special administration request, time to take medication, duration of medication, sequence of more than one medication is to be taken, physician signature and date.

4. Physician samples must be appropriately labeled by the physician, to include the information requested in number 3 above. Prescription drugs must be appropriately labeled by the pharmacist, to include the information requested in number 3 above.

5. **The first dose of any new medication must be given at home to assure the student will not have a negative reaction at school.**

6. The parent or guardian is responsible for submitting a new form to the school each time there is a change in the dosage or in the time at which the medication is to be taken.

7. Medication kept in the school will be accessible only to authorized personnel.

8. Within one week after expiration of the effective date on the physician order, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.

9. Assumption High School does not assume responsibility for unauthorized medication taken independently by the student.

10. All the following medications require a Parental Consent Form if taken during school hours: narcotics, stimulants, anti-depressants, and tranquilizers.