



2017-18

Medication Administration Consent Form for Oral Medications

To comply with the IDEA School's medication policy, please complete this form and return it to the school with each medication. This information will help the IDEA School personnel ensure the medication is given at the right time and in the proper dosage. Prescription medication **must be in the original container** as prepared by a pharmacist and labeled to include the patient name, name of medication, dosage and time to be given. Please ask your prescriber and pharmacy for an extra bottle for school use. An over-the-counter medication must be in the original packaging with all directions, dosages, compound contents and proportions clearly marked. The directions on the medication label must match what is written on this consent. This consent is good for one school year only.

Student Name: _____ Birthdate: _____

Medication: _____ Dose: _____

Time to be given at: _____ AM _____ PM From (date) _____ To (date) _____

Comments and/or Instructions: _____

Possible Side effects: _____

I hereby request and give my consent for the IDEA School personnel to administer the medication in the manner indicated above. I understand my child's medication is to be presented to the IDEA School personnel by an adult. I will assume full responsibility for the supply, appropriate transportation, and maintenance of the prescription. I agree to notify the IDEA School personnel immediately of any change in medication, dose, or time of day for the administration.

Parent/Guardian Signature: _____ Date: _____

IDEA School Personnel Administration Record

Date: _____ Time: _____ Signature: _____

Date: _____ Time: _____ Signature: _____

Date: _____ Time: _____ Signature: _____

IDEA School Personnel Administration Record (Continued)

Date: _____ Time: _____ Signature: _____

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