



SMCDS Medication Administration Consent

Parent Request

I request that my child _____ receive medication at school, as prescribed by _____ for the period from _____ to _____.

Medication shall be supplied by the parent and be carried in a properly labeled prescription container.

Name of School _____ Signature of Parent/Guardian _____
Grade and Teacher _____ Date _____ Telephone # _____

Doctor's Order

Name of medication _____ Dosage in school _____

Time of Administration _____

Medication shall be administered from _____ To _____
Date Date

Reason for Medication: _____ Relevant side effects: _____

Name of Physician _____ Telephone Number _____

Signature of Physician _____ Date _____

Medication Authorization for field Trips

The administration of medication to students on field trips shall be done only when the student has a medical condition that may be adversely affected without medication. This applies to both prescription and non-prescription medication. The school nurse does not usually accompany students on field trips. The student's teacher will be responsible for storing and administering medication(s) on the field trip. Exceptions are made with **parent consent** for students with inhalers who are responsible to self-carry and administer their inhalers.

Any prescription or non -prescription medication sent on the field trip must be in the original labeled container. Parent/Guardian is responsible for bringing and giving the medication to the teacher and or school nurse before departure. Send only the amount needed for the field trip.

Please complete the following:

Name of Student _____ Self-carry inhaler Yes _____ No _____
Self-carry epi-pen Yes _____ No _____

Name of medication _____ Dosage _____ Time _____

Name of medication _____ Dosage _____ Time _____

Name of medication _____ Dosage _____ Time _____