



IMAGINE SCHOOLS AT AVONDALE MEDICATION ADMINISTRATION CONSENT FORM

Re: _____
(first and last name of child)

I, _____, give permission
(parent/guardian)

to administer _____ of _____
(dose) (name of medication)

by _____
(method of giving dosage)

RX# _____ to my child at _____
(time/frequency)

from _____ to _____ for _____
(date) (date) (reason for medication)

POSSIBLE SIDE EFFECTS TO WATCH FOR WITH THIS MEDICATION:

* Injections: Attach physician's written authorization.

(signature of parent/guardian)
(date)

Per the student handbook:

A medication administration consent form must be completed in order for medications to be dispensed during the school day. All medications must be checked in with School Health Aide and must bear a pharmacist's label with the recommended dosage. No medications, including over-the-counter (OTC) medications such as pain relievers, vitamins, and cough syrup, can be dispensed or used at school unless these guidelines are followed. The cost of OTC medication is the legal guardian's responsibility. If a child is taking a prescription medication on a regular basis because of a diagnosed medical condition, the legal guardian may be required to provide a patient physical examination record. The School Health Aide will contact you if this is required. If you fail to provide the necessary doctor's examination results, the school may no longer be able to administer the medication. Students are not permitted to have prescription or OTC medications in their possession on campus.

FOR STAFF REVIEW PRIOR TO ADMINISTERING MEDICATION: YES
NO

- Is the medication consent form complete?
- Is the original prescription label on the medication container or prepackaged and labeled for use by manufacturer?
- Is the full name of the child on the container?
- Is the prescription current?
- Is the dose, name of drug, frequency of administration given on label consistent with instructions above?
- Staff initials: _____