Medication Administration Consent & Licensed Prescriber Order
Dallastown Area School District

Student Name: _______________________________ Date: ________________________

Teacher/Rm.#: _______________________________ Grade: _________________________

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, each student must provide the school nurse with a Medication Administration Consent form signed by the student’s parent/guardian and a Medication Order from a licensed prescriber. All medications must be in the original prescription bottle/container from a pharmacy.

Parent/Guardian Consent:

I give my permission for my child, _______________________________, to receive the following medication(s) ordered by a licensed prescriber during the school day. I understand that the medication(s) will be given by school health personnel according to my child’s licensed prescriber’s directions.

Parent/Guardian Signature: _______________________________ Date: ________________________

Parent/Guardian Name Printed: _______________________________ Phone: ________________________

Licensed Prescriber Medication Order:

Patient’s Name: _______________________________ Date: ________________________

Name of Medication(s): _______________________________ Date: ________________________

Dosage and Route of Administration: _______________________________

Time of Administration: _______________________________

Directions: ______________________________________

Discontinuation Date: _______________________________

Allergies: ______________________________________

Licensed Prescriber Signature: _______________________________

Licensed Prescriber Name Printed: _______________________________ Phone: ________________________