

**MEDICATION CONSENT FORM**

Prescription medications are only administered with a completed Consent Form. These forms must be signed by the student's health care provider. Medications will not be administered until the form is on file with the school nurse. Inhalant medications are included in the category of prescription medications. Medications for lower school students must be brought in the original container by an adult. The container is to have a label with the child's name, the name of the medication, the dosage, and instructions clearly printed on the container. Middle and Upper School students may bring clearly labeled medications to school and give them to the nurse at the beginning of the school day. **Unlabeled medicine will not be accepted.**

With the exception of Acetaminophen, Ibuprofen, and cough drops, Broadwater Academy will not dispense over-the-counter medications to students without specific instructions, dosage, and a Consent Form on file in the school clinic. All over the counter medication must be brought to the Clinic by an adult with the child's name clearly labeled on the container. Middle and Upper school students may bring clearly labeled medications to school and give them to the nurse at the beginning of the school day. Acetaminophen, Ibuprofen, and cough drops will not be given unless the student has signed parental consent on the Office/Health Information Form.

The following Consent Form is to be completed, signed, and returned to Broadwater Academy Clinic prior to the dispensing of any medication. If a student has multiple medications, a Consent Form must be completed for each prescription or over-the-counter medication.

**Student Name:** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_ **Dose:** \_\_\_\_\_

**Schedule/time to administer the medication:** \_\_\_\_\_

**Possible side effects:** \_\_\_\_\_

**Physician name/signature:** \_\_\_\_\_

**Physician phone/fax:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Duration of Order:** \_\_\_\_\_

I give permission for the school nurse to administer the medication as indicated by the above prescriber. I confirm that my child has taken the initial dose of this prescribed medication and has experienced no side effects. I further understand that the School, its officers, agents, and/or school employees who administer this medication to my child shall not be held liable for damages as a result of an adverse drug reaction or any other injury suffered by my child due to the administration or failure to provide the drug. The school reserves the right to not administer medication should the circumstances warrant such action. I authorize the school nurse to communicate with the health care provider as allowed by HIPAA guidelines.

**Parentsignature:** \_\_\_\_\_

**Parent phone numbers:** \_\_\_\_\_