



# Tidioute Community Charter School

*Providing a World Class Education in a Small Town Environment*

---

## Medication Administration Consent & Licensed Prescriber Order

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Medication: \_\_\_\_\_ 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 an original prescription bottle/container from a pharmacy.

### Parent/Guardian Consent:

I give my permission for my child, \_\_\_\_\_, to receive the following medication ordered by a licensed prescriber during the school day. I understand that the medications 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: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_ Name of medication: \_\_\_\_\_  
Route and dosage: \_\_\_\_\_ Time of administration: \_\_\_\_\_

- Student has demonstrated proficiency in self-administration of their inhaler, Epi-Pen, or insulin and may carry it as prescribed above.

Recommendations: \_\_\_\_\_  
Discontinuation date: \_\_\_\_\_  
Licensed Prescriber signature: \_\_\_\_\_  
Licensed Prescriber name printed: \_\_\_\_\_ Phone: \_\_\_\_\_