



ELEMENTARY CERTIFIED NURSE
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PHYSICIAN PRESCRIBED/PARENTAL CONSENT MEDICATION FORM

For medication that needs to be given during school hours

The Bald Eagle Area School District wishes to cooperate as far as possible in carrying out physician's orders and parental requests regarding medication therapy. In order to do this, written instructions from a physician is required for all prescription and over-the-counter medications which need to be given during school hours. In addition, the parent/guardian must give school personnel written permission to give the medication. The school nurse will keep the written physician's order and parent's consent form in the student's School Health Record. All medications must be dropped off by a parent or guardian at the school in the original labeled container.

Student's Name _____ **Grade** _____

Diagnosis/Reason for taking the medication _____

Name of Medication _____

Dosage and Route _____

Time and/or Frequency _____

Starting Date _____ **Discontinuation Date** _____

Special Instructions for Administration, if necessary _____

Student is qualified to self-administer their asthma inhaler: Yes ____ **No** ____

Date

Physician's Signature

Physician's Printed Name: _____

Physician's Phone Number: _____

PARENTAL MEDICATION CONSENT AND RELEASE

I, as the parent/guardian of the above-named child request school personnel to give the above-named physician prescribed medication according to the physician's instructions written above. I hereby release the Bald Eagle Area School District and all of its officers and employees from any and all liability in law for any damage either I or my child may suffer as a result of this request. I do hereby agree to indemnify and hold harmless the said Bald Eagle Area School District and its employees and officers against any and all actions, claims, demands, losses, damages, and expenses which the said Bald Eagle Area School District, its employees and officers, may suffer or be obligated to pay by virtue of carrying out the foregoing direction.

Date

Parent/Guardian Signature

ALL MEDICATION MUST BE PICKED UP ON OR BEFORE THE LAST DAY OF SCHOOL.
ANY MEDICATION REMAINING BEYOND THAT DAY WILL BE DESTROYED.