MEDICATION/TREATMENT
CONSENT FORM

Student Name　　　　　　　　　　　　　　**Birth Date**　　　　　　　　**School Year**

Diagnosis/Condition

CONSENT FOR ADMINISTRATION OF HEALTH TREATMENT AND/OR MEDICATION AT SCHOOL

- Parents are urged to provide health treatments and give medication at home and on a schedule other than school hours if possible. If it is necessary that treatments and/or medication be provided during school hours, these regulations must be followed. *Please Note: "Medication· refers to any prescription, non-prescription, homeopathic, herbal, vitamin, or mineral preparation.*
- Health treatments and medications must be prescribed in writing by a physician or other licensed health care provider and must be renewed at least annually. Providers complete Part 1 below and must sign form-Part 2 and fax written instructions to school.
- All medication, prescription and non-prescription, must be brought to school in the original pharmacy container with a current label showing the name of the student, medication, strength, dosage, and time(s) to be given. Only the parent/guardian or other responsible adult or the pharmacy may deliver the medicine to school. Students are not allowed to bring their own medication to school.
- Health treatment supplies will be provided for school use for each student by parent/guardian as needed.
- Parent/guardian written permission is required to administer treatments and medications at school as directed by physician/licensed health care provider, including permission to contact provider as necessary. Parent must sign below-Part 2.

PART I: PHYSICIAN/HEALTH CARE PROVIDER INSTRUCTIONS

TREATMENT/MEDICATION	STRENGTH	DOSAGE/ROUTE	TIME(S)/FREQUENCY	
			Home	School

Recommendations, Special Considerations, Side Effects, Precautions, Allergies: _____

_____

_____

PART 2: AUTHORIZATION SIGNATURES

The following signatures serve as written authorization for permission to administer health treatment and/or medication as directed at school. Authorization includes permission for school personnel and health care provider to contact each other if needed. Medication and Treatment information is kept confidential but it may be shared with appropriate staff for emergency care.

Physician/Provider:　　　　　　_____　　　_____

　　　　　　　　　　　　　Print Name　　　　　　　　　　　　Signature

_____　　　_____　　　_____

Date　　　　　　　　　　Phone　　　　　　　　　　　Fax

Parent/Guardian:　　　　　_____　　　_____

　　　　　　　　　　　　　Print Name　　　　　　　　　　　　Signature

_____　　　_____　　　_____

Date　　　　　　　　　　Phone　　　　　　　　　　　Fax

MEDICATION/TREATMENT
CONSENT FORM FOR SELF-ADMINISTRATION

Student Name	Birth Date	School Year

Diagnosis/Condition

CONSENT FOR ADMINISTRATION OF HEALTH TREATMENT AND/OR MEDICATION AT SCHOOL

- Parents are urged to provide health treatments and give medication at home and on a schedule other than school hours if possible. If it is necessary that treatments and/or medication be provided during school hours, these regulations must be followed. *Please Note: "Medication" refers to any prescription, non-prescription, homeopathic, herbal, vitamin, or mineral preparation.*
- Self-administration provisions are for high school students only with the exception of inhalers, epipens and glucagon.
- Health treatments and medications must be prescribed in writing by a physician or other licensed health care provider and must be renewed at least annually. Providers complete Part 1 below and must sign form-Part 2 and fax written instructions to school.
- All medication, prescription and non-prescription, must be brought to school in the original pharmacy container only with a current label showing the name of the student, medication, strength, dosage, and time(s) to be given. Metered dose inhalers must have a label attached to the container.
- Health treatment supplies will be provided for school use for each student by parent/guardian as needed.
- Parent/guardian written permission is required to administer treatments and medications at school as directed by physician/licensed health care provider, including permission to contact provider as necessary. Parent must sign below-Part 2.
- Any misuse of medication by a student, including selling or giving away the medication, that violates school district policy that will result in revocation of self-administration privileges and may result in a referral to law enforcement officials. Please see the student handbook for Waterford School District policies regarding medication at school.

PART I: PHYSICIAN/HEALTH CARE PROVIDER INSTRUCTIONS

TREATMENT/MEDICATION	STRENGTH	DOSAGE/ROUTE	TIME(S)/FREQUENCY	
			Home	**School**

Recommendations, Special Considerations, Side Effects, Precautions, Allergies: _____

PART 2: AUTHORIZATION SIGNATURES

The following signatures serve as written authorization for permission for student to self-administer health treatment and/or medication as directed at school. Authorization includes permission for school personnel and health care provider to contact each other if needed. Medication and Treatment information is kept confidential but it may be shared with appropriate staff for emergency care. *Please Note: School personnel will not supervise the medication administration or have responsibility in the process. Parent will be notified of any observed violation of the above guidelines.*

Physician/Provider:

Print Name	Signature
Date	Phone	Fax

Parent/Guardian:

Print Name	Signature
Date	Phone	Fax

Student:

Print Name	Signature
Date	Phone	Fax