



Dallastown Area School District Medication Administration Consent

Student Name: _____ **Date:** _____ **DOB:** _____

Teacher/ Rm.# _____ **Grade:** _____ **Student ID:** _____

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 this 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. *Medication Administration Consent* forms must be renewed/ reviewed annually. Forms must be dated July 1 or later. Medications must be picked up by a parent/ guardian by the last day of school each year.

Parent/ Guardian Consent:

I give permission for my child, _____, to receive the following medication(s) during the school day. I understand that the medication(s) will be given by school health personnel or designated school administrator.

Parent/ Guardian Signature: _____ **Date:** _____

Parent/ Guardian Name Printed: _____ **Phone:** _____

Name of Medication(s): _____

Dosage and Route of Administration: _____

Time of Administration: _____

Directions: _____

Start Date: _____ **Discontinuation Date:** _____

Diagnosis: _____

Allergies: _____

All daily and as needed medications will be sent on field trips unless otherwise noted:

[] Omit for field trip _____ (Provider Initials)

[] Take upon return from field trip _____ (Provider initials)

Licensed Prescriber Signature: _____

Licensed Prescriber Name Printed: _____ **Phone:** _____

The parent/ guardian of the above child has reviewed and understands the District's policy on medication, and further understands and agrees that the above signed shall indemnify and holds harmless the Dallastown Area School District, its officers, administrators, employees, representatives and agents (collectively the "District") from and against any and all liability that arises out of or relates to the distribution of any medication in accordance with this form. This duty of indemnification includes any and all damages, costs or claims, including reasonable attorney fees. The above signed agrees that the District may refuse to administer the medication at its discretion, in which case the above signed will be notified. The above signed understands and agrees that this document is legally binding and is a necessary pre-requisite to the administration of medication. 3/2018.