



**East Allegheny School District**  
**Medication Administration Consent and Licensed Prescriber Order**

Student Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

School: \_\_\_\_\_ Teacher 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 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 Printed: \_\_\_\_\_ Phone: \_\_\_\_\_

**Licensed Prescriber Medication Order:**

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name Of Medication: \_\_\_\_\_

Route and Dosage: \_\_\_\_\_ Time of Administration: \_\_\_\_\_

Directions: \_\_\_\_\_

Discontinuation Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Licensed Prescriber Signature: \_\_\_\_\_

Licensed Prescriber Name Printed: \_\_\_\_\_ Phone: \_\_\_\_\_