

(Refer to Policy IHCD, Procedure 3. b)

Student's Name:

Name of Medication:

Purpose of Medication:

Amount to be Administered:

Administration Time:

Possible Side Effects:

Storage Instructions:

Termination Date for Administration of Medication:

Student's Ability to Self-Administer:

**I confirm that I have the authority to sign this consent and will inform any other parent or guardian of the contents of this consent and the fact it has been signed.**

Parent/Guardian Signature:

Date:

**Doctor's note confirming above information must be attached (copy to Student Record.) OR the Doctor can sign this form:**

Date Doctor's note verified:

Refer to Policy IHCD Procedure 3. b)

**The student's physician affirms that administration of medication to the student as requested by the parent is within the competence of an adult untrained in medical procedures.**

Doctor's Signature:

Date:

**Notes:**

- Contact parent if extra dose is required (i.e. student forgot to take morning dose at home).
- All medication should be kept in an appropriately secure manner.
- Principal must review and initial the Medication Administration Record on a regular basis.

