

**CONSENT FOR ADMINISTRATION OF PRESCRIPTION MEDICATION
DURING THE SCHOOL DAY
VERNDALE PUBLIC SCHOOL**

Parents requesting that medication be administered to their student by school staff during school hours are required to provide:

- 1) A signature from the medical professional prescribing the medication.
- 2) A parental signature, giving the school permission to administer the medication.

Student's Name: _____ Birthdate: _____

Home Address: _____ Phone: _____

ORDER FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL STAFF

I have prescribed the following medication for this student and request that it be given by school personnel as follows:

Medication _____

Dosage _____

Time _____

Condition/Purpose _____

Possible Side Effects _____

Can Self-Administer _____ Yes _____ No

Signature of Prescribing Medical Professional

Date

Medical Facility _____ Phone _____

PARENTAL RELEASE FOR ADMINISTRATION OF MEDICATION

I request that this medication be given as prescribed and any information be released to the prescribing medical professional as requested. I release any school personnel from liability in relation to the giving of this medication at school. I understand that this medication must be supplied to the school in a properly labeled pharmacy bottle.

Parent/Guardian Signature

Date