

# LAKE COUNTY SCHOOLS

## ADMINISTRATION OF **PRESCRIPTION** MEDICATION CONSENT FORM

Medications must be brought to school by the parent; NEVER by the student. The medication must be presented to school personnel in the original container with a current date. **Metered inhalers should have the label affixed to the inhaler for easy identification or must be in the original box with prescription label.** The parent must give the first dose of prescription medication at home. Under no circumstances will the school accept more than a four-week (30 days) supply of prescription medication. Parents may request that the pharmacist dispense two labeled bottles for medication, one for home and the other for school.

Student \_\_\_\_\_ DOB \_\_\_\_\_

Parent \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Name of medication \_\_\_\_\_

Dosage to be given \_\_\_\_\_ Time to be given \_\_\_\_\_

Diagnosis \_\_\_\_\_ Allergies \_\_\_\_\_

Date to start \_\_\_\_\_ Last date to be given \_\_\_\_\_

Please circle one:        **may**        **may not**        carry and use the inhaler himself/herself.

Special instructions on administration of medication (i.e. to be given after lunch, do not chew, to be given with food, etc.)

Reaction(s) that may occur \_\_\_\_\_

I request Lake County Public School personnel to administer medication as directed by this authorization. If there are questions regarding this medication I authorize the School Nurse/District Nurse to contact ordering physician as needed throughout the school year.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor Signature

\_\_\_\_\_  
Date

Doctor's Official Stamp