# Written Consent for Administration of Medication

St. Charles Borromeo School 4910 Trier Road Ft. Wayne, IN 46815
ph: 260-484-3392 fax: 460-482-2006
HMP 2000 Parent/Guardian

In order to protect the health and welfare of the students and school staff alike, Indiana law requires that parents consent, in writing, to the administration of medication. In order for the school nurse, volunteer school nurse, or a staff member to administer medication to your student this form must be read and signed.

1. The school must have on record a written order from the prescribing physician/practitioner and written consent from the parent/guardian for prescription medication. There must be a written request from the parent/guardian for Over the Counter(OTC) medication before this will be administered to a student at school.
2. Medications prescribed and/or OTC meds should be kept in the original container with the pharmacy or brand label affixed. The label must include the following:
   - Student's Name - Name of Medication
   - Dosage of Medication - Prescribing Physician/Practitioner (if applicable)
3. The parent/guardian shall accept the legal responsibility for the safe arrival of his/her child's medication to the school. All medications must be brought to the office by the student's parent/guardian **(NOT THE STUDENT).** Schedule **II** medications (ex: Ritalin, etc.) must be counted upon receipt in the office. Bring in only a one-week supply. All medications will be kept in a locked cabinet.
4. The school nurse/assigned staff member must be aware of the purpose for which the student is receiving the medication.
5. In specific cases, the school nurse/assigned staff member may require the parent(s)/guardian to come to the school to administer the medication.
6. All prescribed medication will be administered strictly in accordance with the written order of the physician/practitioner. The dosage may be changed only if the school is provided with the physician/practitioner's written order authorizing the change. The school secretary/staff cannot take a physician's order over the phone.
7. Over-the-counter medication will not be administered in any manner inconsistent with the instructions on the brand label, unless the school receives a written order of a physician/practitioner authorizing such administration.

____ Please administer to my **child**: _____ grade _____ room _____
the **prescribed** medication(s) written below, in accordance with the written order of the physician/practitioner (prescription label on bottle covers this).

____ Please administer to my **child**: _____ grade _____ room _____
the **over the counter** medication(s) as described below:

| Medication | Dosage (mg or # tabs) | Time to be Given | Duration Meds to be Continued | Reason for Meds | Precautions/ Side Effects |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

I have read and understand the above policy and give my consent to listed medications.

| _____ | _____ | _____ | _____ |
|---|---|---|---|
| Parent/Guardian Signature | Parent/Guardian Printed Signature | Phone | Date |