

Permission for Administration of Medication

Gilbert Community Schools

Student's Name (Last) (First) (Middle) Birthday School Grade Date

School Medications and Health Care Services are Administered following these Guidelines:

- Parent signed, dated authorization to administer the medication.
• The medication is in the original labeled container as dispensed or the manufacturer's labeled container.
• The medication label contains the student's name, name of medication, amount, directions for use and date.
• Expired or improperly labeled medication will not be given.
• To maintain the safety of all students a responsible Adult will transport medication to & from the school unless a permission to carry emergency medication form is submitted. (Epi-pen & inhalers are examples)
• This consent is only good for the current school year.
• Parent will give immediate notification in writing, of changes to medication.

Medication/Health Care Dosage Route Time at school

Administration instructions

Reason for medication

Discontinue/Re-Evaluate/ Follow-up Date

Prescriber

Date

Phone

Prescriber's Address

Emergency Phone

On Late start days: I will give medication at home Please give medication at school

With early dismissal: I would like medication given at school Child will take medication at home

I request the above student be given the medication at school and school activities by qualified staff, according to the prescription or nonprescription instructions and a record maintained. The student has experienced no previous side effects from the medication. I further agree that school personnel may contact the prescriber as needed and that medication information may be shared with school personnel who need to know.

I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonably prudent person would under the same or similar circumstances. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.

Parent's Signature

Date

Home Phone

Cell phone

Business phone

If there is unused medication at the end of the school year: (Please check one)

I will pick up any unused medication at the end of the school year.

Please discard any unused medication.