



# OUR LADY of the LAKE SCHOOL

CONNECTING *on a* HIGHER LEVEL

## MEDICATION CONSENT FORM

**To be completed by prescribing physician (one medication per form):**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(Last) (First)

Diagnosis/ Illness \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Route \_\_\_\_\_ Frequency \_\_\_\_\_

Side Effects/ Precautions \_\_\_\_\_

Special Directions \_\_\_\_\_

Order Valid thru (may not exceed one school year) \_\_\_\_\_

All medication must be in the original prescription container, properly labeled and have all supporting documentation completed by the prescribing physician. Medication is not to be transported by the student unless indicated on the Authorization for Self-Administration of Medication for Life Threatening Illness in School Form. The school nurse is not authorized to dispense any over the counter medicine without written authorization from both the physician and the parent.

I certify that the above information regarding this student is correct and that administration of the medication indicated is essential and may be administered by the school nurse during school hours.

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
(Signature of Prescribing Physician) (Date)

**To be completed by parent/guardian:**

I give permission for the school nurse to administer the medication indicated. I will notify the nurse immediately if this medication is no longer required. If a pre-filled, single dose auto-injector of Epinephrine is prescribed for a severe allergic reaction (anaphylaxis), it will be administered by the school nurse and/or by a delegate when the school nurse is not present.

I understand and agree that the school shall incur no liability as a result of any injury arising from the administration of medication by the school nurse and that I shall indemnify and hold harmless the school and its employees or agents against any claims arising out of the administration of medication to the student.

I further understand that this permission is effective for the school year for which it is granted and must be renewed for each subsequent school year upon fulfillment of requirements set by the school.

\_\_\_\_\_  
(Signature of Parent/ Guardian) (Date)