

**Medication Administration Consent & Licensed Prescriber Order**  
**Mount Pleasant Area School District**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, **each student must provide the school nurse with the Medication Administration Consent signed by the student's parent/guardian AND a Medication Order from a licensed prescriber (child's doctor).** All medications must be in an original prescription bottle/container from a pharmacy.

**Parent/Guardian Consent:**

I give permission for my child, \_\_\_\_\_,

To receive \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

I understand that the medications will be given by the school nurse according to my child's doctor's orders. I hereby release the Mount Pleasant Area School District and all its employees from any and all liability for damages my child may suffer as a result of the request.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian name printed: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for my child's **EpiPen and/or Inhaler** be sent on all field trips and be administered under supervision as ordered:

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Licensed Prescriber's Medication Order:**

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medication - Route - Dosage: \_\_\_\_\_

Time of Administration: \_\_\_\_\_ Discontinued Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

\*This child is able to possess and self administer an asthma inhaler without supervision? \_\_\_\_\_

\*This child is able to possess and self administer an epinephrine auto injector without supervision? \_\_\_\_\_

\*This child is able to possess and self administer all diabetic medications without supervision? \_\_\_\_\_

Licensed Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Licensed Prescriber's printed name: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*Determination of competency for self-administration shall be based on the student's age, cognitive function, maturity and demonstration of responsible behavior.*