Hattiesburg Public School District

Request and Consent to Allow School Personnel to Assist in the Administration of Medication in the School Setting

Part I: To be completed by Parent or Guardian:

I (we), (please print) _____, request that the authorized school personnel administer medication to my child, (please print) _____ in accordance with instructions of my child's physician/healthcare provider, (please print provider name) _____.

I (we) have read and understand the Hattiesburg Public School District's Medication Policy and will uphold the standards set by the Hattiesburg School Public School District. I (we) agree it is my (our) responsibility to make readily available to authorized school personnel my (our) child's physician/healthcare provider orders, medication, and refills as needed. I (we) agree to notify the school immediately of any medication changes.

_____ _____
Signature of Parent/Guardian **Date**

_____ _____
Signature of Parent/Guardian **Date**

_____
Home Address

_____

_____ _____ _____
Home Telephone **Cell Phone** **Work Phone**

Part II: To be completed by School Principal:

_____ _____ _____
Designated personnel to administer medication **Signature** **Date**

_____ _____ _____
Designated personnel to administer medication **Signature** **Date**

_____ _____
Principal's Signature **Date**

Please keep a copy in medication record file, the student's permanent file, and also submit a copy to School Nurse.

Part III: To be completed by Physician/Healthcare Provider:

Name of Student:
_____

Medication:
_____

Purpose:
_____

Dosage: _____ Time: _____ Route: _____

Possible reactions that should be reported to parent and healthcare provider:
_____

_____

_____

Special Instructions (storage, administration, expiration, etc.):
_____

_____

Medication to be continued as above until: _____Date _____

Physician/Healthcare Provider Signature: _____ Date _____

Address:_____

_____

Telephone: _____

Fax: _____

Please keep a copy in medication record file, the student's permanent file, and also submit a copy to School Nurse.