



Kidstop fax: 763-585-7284
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Osseo Area Schools – Independent School District 279
Medication Administration Consent Form

Name of Student _____ Birthdate _____

2018-2019 Grade Level _____ School attending next year 2018-2019 _____

Medical Condition	Medication	Dosage	Time	Route	Possible Side Effects
1.					
2.					
3.					

Other considerations/Directions _____

Start Date 6/13/2018 Stop Date 6/6/2019 (VALID THROUGH 2018-2019 SCHOOL YEAR)

Name of Physician/Licensed Prescriber

Signature of Physician/Licensed Prescriber

Clinic Address

Phone Number

Date

Parent/Guardian Authorization

1. I request that the above medication(s) be given during the school day as ordered by this student's physician/licensed prescriber. I also request the medication(s) to be given on field trips, as prescribed.
2. I release school personnel from liability in the event of adverse reactions resulting from taking the medication(s).
3. I will notify the school of any change in the medication(s). (Ex. Dosage change, medication is discontinued, etc.)
4. I give permission for the RN/LPN to communicate with the student's teachers about the student's health condition and the action of the medication(s).
5. I give permission for the RN/LPN to consult with the above named student's physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition being treated by the medication(s).
6. I give permission for the medication(s) to be given by designated personnel as delegated by the health specialist.
7. I understand that it is my responsibility to request my child's medication on the last day of attendance. I understand that any medication left with the summer program will be disposed of 14 days after student's last day of attendance.
8. For medication stored in the health office during the school year, I request that any remaining medication be sent home with the student on, or prior to the last day of school. I will notify the building nurse if the medication should not be sent home with the student.

Date

Parent/Guardian Signature

Relationship to student

NOTE: Medication is to be supplied in the original/prescription bottle.

Update
3-23-18