Ephrata Area School District

Medication Administration Consent & Licensed Prescriber Order

Student Name: ___________________________ Date/Time: ___________________________

School: ___________________________ Teacher/Grade: ___________________________

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 a Medication Administration Consent & Licensed Prescriber Order form signed by the student’s parent/guardian and by a licensed prescriber. All medications must be in an original prescription bottle/container.

Parent/Guardian Consent:
I give my permission for my child, ___________________________, to receive the following medication ordered by a licensed prescriber during the school day. I understand that the medications will be given by school health personnel according to my child’s licensed prescriber’s directions. I also give my permission for the school nurse to discuss with the student’s medical provider this medication and the condition for which it is prescribed.

Parent/Guardian Signature: ___________________________ Date: ___________________________

Parent/Guardian name printed: ___________________________ Phone: ___________________________

Licensed Prescriber Medication Order:

Patient’s name: ___________________________ Date: ___________________________

Name of medication, Route & Dosage: ___________________________

Time of administration: ___________________________ Reason: ___________________________

Directions: ___________________________

Discontinuation date: ___________________________

Restrictions &/or side effects: ___________________________

Allergies: ___________________________

Licensed Prescriber Signature: ___________________________

Licensed Prescriber name printed: ___________________________ Phone: ___________________________