

## Medical Information and Consent to Dispense Medications – SY 2020/2021

Student's Name (Please Print): \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

List All Medical Concerns: \_\_\_\_\_

**Parent Provided Over-the-Counter Medications** – These are to be furnished by the parent, in the original container with the student's name and dosage instructions provided. Medications to be administered more than 10 days must have a physician's order. Medications not picked-up within 10 days will be disposed of in accordance to federal guidelines. Expired medication or medications without proper dosage instructions **will not** be administered to student.

| Date | Name of Medication | Route (by mouth, etc.) | Dosage | Time | Indication for treatment | Possible Side Effects | Parent/Guardian's Initials |
|------|--------------------|------------------------|--------|------|--------------------------|-----------------------|----------------------------|
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**Parent Provided Prescription Medications** – **All** medications must be furnished by the parent in the original container with affixed prescription label. No more than a 30 days' supply of medication should be brought to the health office. All controlled substances should be brought into the health office by a Parent/guardian.

| Date | Name of Medication | Route (by mouth, etc.) | Dosage | Time | Indication for treatment | Possible Side Effects | Parent/Guardian's Initials |
|------|--------------------|------------------------|--------|------|--------------------------|-----------------------|----------------------------|
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Special Requirements (example: take with food): \_\_\_\_\_

I hereby authorize any hospital/doctor/EMS personnel to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

By signing below, I give my consent for the school nurse or other designated school staff to dispense the medication(s) noted above to my child. I acknowledge that Great Hearts personnel are not responsible for any ill effects which may occur. **Note: The very first dose of this medication for current condition/illness may not be given at school.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Recent changes to the Consent to Administer Medication document allows school staff to administer certain prescription medications to minors without parental authorization in the case of a medical emergency. These medications are: 1 Epinephrine auto-injectors, 2. Inhalers 3. Naloxone hydrochloride or any other opioid antagonist drug that are approved by the FDA.**