

PARENTS CONSENT FOR GIVING PRESCRIPTION MEDICATION AT SCHOOL

I hereby request and give consent for the school nurse or person designated by the administrator to see that my child, _____, receives the following medication for the period from _____ to _____.

The medication is to be furnished by me in the original container and is to be labeled and given in the following manner.

1. Name of medicine and prescription number _____
_____.
2. Route of administration (by mouth, etc.) _____.
3. Amount to be given _____.
4. Time of day to be taken _____.
5. Expected duration of treatment _____.
6. Prescriber's name (**Must** be on the label) _____.
7. Indication (reason) for the medication _____.

Signature (Parent/Guardian)

Date

Teacher

Room No.

Comments:

THE SCHOOL NURSE MUST BE NOTIFIED IMMEDIATELY OF ANY CHANGE IN MEDICATION
Important information – Please read before appointing your agents.

The school, which your child attends, may not have a school nurse on its staff full time. Southgate Academy may allow you to appoint the school nurse or administration, or his or her designee as your agents for the administration of your child's medication. In so doing, Southgate Academy is not approving the performance of nursing functions by non-nursing personnel and it is not authorizing non-nursing personnel to perform any of the duties of a professional nurse. In so doing, Southgate Academy is merely attempting to assist you in administration of your child's medicine at school. By appointing the designated persons as your agents, you are permitting them to act in your place. Should you designate an administrator as your agent, he/she may, in return, delegate that authority to another Southgate employee. In the event that the administration of your child's medicine requires the exercise of nursing judgment, as determined by the school nurse, then Southgate Academy can not allow you to appoint the non-nurse persons as our agents and you will have to make arrangements to administer the medicine yourself.