Anderson School District Two
School Health Services

# PRESCRIPTION MEDICATION CONSENT FORM

I request that a member of the school staff assist my child,________________________________ ________________________________ with medication, according to the doctor's order. I understand that the Principal or his/her designee may assist with the medication. I had my child's physician complete the required statement, naming the medication, the dosage, and the time the medication should be taken. I understand that it will be my child's responsibility to remind school officials of the time and the medication is to be taken. I am aware that school employees are not licensed to administer injections or medications and have no special training in such procedures. I hereby agree not to hold the school district or school personnel liable for any adverse drug reactions when the medication is taken according to prescribed method. I understand that the school district/Principal may deny this request for legitimate reasons.

____________________________________________________________ Date: _________________________
*Parent's Signature*

# DOCTOR'S STATEMENT

Patient's Name__________________________________________ Date of Birth________________
My patient needs to take the following:

| MEDICATION | DOSAGE & TIME | ADVERSE REACTIONS |
|---|---|---|
| ____________________________ | ________________________ | __________________________ |
| ____________________________ | ________________________ | __________________________ |
| ____________________________ | ________________________ | __________________________ |

Diagnosis____________________________________
Date medication to begin:________________________
Date medication to end:__________________________

It is district policy that the medication must be brought to the health room by the parent in the original labeled bottle or package.

***It is necessary for this child to take this medication while attending school:***

**Physician's Signature:**____________________________________________ **Date:**________________________

**Telephone Number:**__________________________________ **Fax Number:**______________________________