



LAWRENCE COUNTY CAREER AND TECHNICAL CENTER

750 Phelps Ways, New Castle, PA 16101-5099 ♦ 724-658-3583 Fax 724-658-4753 ♦ www.lcvt.tcc.pa.us

Medication Administration Consent & Licensed Prescriber Order

Student Name _____ Date _____

Date of Birth _____ Allergies _____ Grade/Shop _____

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* form signed by the student's parent/guardian and a *Medication Order* signed by the licensed prescriber. All medication **MUST** be in the original prescription bottle from a pharmacy (ask your pharmacist for an extra bottle to use for school).

Parent/Guardian Consent:

I give permission for my child, _____, to receive the following medication ordered by a licensed prescriber during the school day. I understand that the medication will be given by school health personnel according to my child's licensed prescriber's directions.

Parent/Guardian signature: _____ Date _____

Licensed Prescriber Medication Order:

Patient's Name _____ Date _____

Name of Medication _____

Route & Dosage _____

Time of Administration _____ Purpose of Medication _____

Side Effects _____

Special Instructions, if any _____

Start Date _____ Stop Date _____

Licensed Prescriber's name printed _____ Phone _____

Licensed Prescriber's signature _____

Physician to complete this section for Inhalers & Epi-Pens only:

I certify that this student requires an inhaler or auto injecting epinephrine. This student is competent and has been instructed in the proper method of self administration. This student may therefore carry and self administer his/her inhaler or auto injecting epinephrine.

Licensed Prescriber's signature _____