Medication Administration Consent & Licensed Prescriber Order

Child’s Name: ______________________________ Date: __________________________
Teacher/Class: ______________________________________________________________________

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 TBH-BE ECC, each child must provide the school with a Medication Administration Consent form signed by the child’s parent/guardian and a Medication Order from a licensed prescriber. All medications must be in an original prescription bottle/container from a pharmacy.

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 according to my child’s licensed prescriber’s directions.

Parent/Guardian signature: __________________________ Date: __________________________
Parent/Guardian name printed: ______________________________________________________________________
Phone: __________________________________________________________________________

Licensed Prescriber Medication Order: ______________________________________________________________________

Patient’s name: __________________________ Date: __________________________
Name of medication: ________________________________________________________________
Route and dosage: _________________________________________________________________
Time of administration: _____________________________________________________________
Directions: __________________________________________________________________________
Discontinuation date: ______________________________________________________________________
Allergies: __________________________________________________________________________

Licensed Prescriber signature: ______________________________________________________________________
Licensed Prescriber name printed: __________________________ Phone: ______________________