

Southwestern Consolidated Schools

Medication Administration Release Form

To be completed for all medication given during school hours

Student Name: _____ **Grade:** _____

Name of medication brought to school: _____

Dosage(mg, mL): _____ **Route**(oral, topical): _____

Frequency (how often should this be given): _____

Circle one: PRN (as needed) or Routinely given (daily)

Duration (Full year, limited number of days): _____

This form must be completed for each separate medication that you want the school to administer.

Please read the following and sign below.

Southwestern Consolidated Schools (Elementary & Jr/Sr High) personnel have my consent to administer the medication listed above per the directions I have specified above. I understand that at the end of the school year, it is my responsibility to pick up any medications that may be left over or they will be discarded. I acknowledge that these medications may not be left at the school over summer break or sent home with my child. Medications may not be transported to/from school by students.

Parent/Guardian Signature

Date

Students grade 7-12 only

Medication Self-Administration Statement (must be completed by your healthcare provider)

As a student at Southwestern, my patient demonstrates the ability and responsibility to safely self-administer the medication listed above and may carry it with them or in their belongings.

Physician/Healthcare Provider Signature

Date