

Abington Heights School District

200 East Grove St., Clarks Summit, Pa. 18411

Phone: (570) 586-2511

Medication Administration Consent & Licensed Prescriber Order

Must be renewed every year

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* from a licensed prescriber. All medications must be in an original prescription bottle/container from a pharmacy.

Licensed Prescriber Medication Order:

Student's name: _____

Date of Birth: _____ Grade: _____

Name of medication: _____ Diagnosis: _____

Route: _____

Dosage: _____

Time of administration: _____

Directions: _____

Other Medications taken by student: _____

Is student capable of self-administration if needed? Please circle one: Yes No

Epi Pen: Is student capable of carrying inhaler/Epi-pen? Please circle one: Yes No

Allergies: _____

Licensed Prescriber signature: _____ Date: _____

Licensed Prescriber name printed: _____ Phone: _____

Parent/Guardian Consent:

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

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name printed: _____ Phone: _____