Contoocook Valley School District Medication Administration Form

Student's Name ___________________________________ DOB _________________________

Teacher/Advisor _______________________________Grade ___________________________

Name of Medication ____

To Be Completed by Health Care Provider:

Diagnosis/Condition ____

Dose & Route____

Frequency & Time(s) to be given at school ____

Dates to be given ____

Optional:
If an AM dose is given at home and is omitted, a dose of ________mg may be given at school after omission is verified by a parent/guardian. School dose may then be given ________ hours later.

Adverse effects/Contraindications ____

____

Add'l information____

Licensed Prescriber Signature_____________________________Date____________________

Licensed Prescriber Telephone Number ____

PARENT/GUARDIAN AUTHORIZATION

PLEASE LIST ALL MEDICATION CHILD IS TAKING AT HOME (Prescription and over the counter medications) if not a violation of confidentiality
1.____________________________________ 2. ____________________________________

3. ____________________________________4.____________________________________

I hereby authorize the designated staff person or school nurse to administer the above medication as directed. In consideration for this service, I further agree that I will not hold liable, and will otherwise save harmless, the Contoocook Valley School District and/or any department or employee thereof for death or injury resulting from administration or assistance in the administration of the medication described above.

Printed Name of parent/guardian____
Signature of
parent/guardian____Date_____________________

Yes No I give my permission for release/exchange of pertinent information by telephone, mail or electronic exchange including fax or e-mail between the school nurse and the physician's office regarding the above medication.

Yes No I give my permission for other school personnel to be notified of the medication and any adverse effects.

Signature of
parent/guardian_______________________________________Date______________________

2/11/08