

SCHOOL DISTRICT OF LODI

Table with 5 columns: District Office, High School, Middle School, Elementary School, Primary/OSC School. Includes addresses and phone/fax numbers for each.

MEDICATION REQUEST/CONSENT FORM

Medication is to be administered at home, whenever possible. If it is necessary for a student to receive medications at school, all appropriate portions of this form MUST be completed before medication can be given at school. One form for EACH medication is required.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Type of Medication: \_\_\_\_\_ Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_

Dosage: \_\_\_\_\_ Time/Frequency: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

If PRN, describe conditions under which to administer: \_\_\_\_\_

Permission is given to the school to administer early a.m. dose of medication, if forgotten at home per parent request.

All medication MUST be in original over-the-counter or prescription container.

ASTHMA INHALERS AND EPI PENS ONLY:

[ ] Yes [ ] No This student and/his/her parents/guardians have been instructed in self-administration and student may carry inhaler or EPI pen and self-administer in school.

PARENT/GUARDIAN CONSENT: (Complete for all prescription and non-prescription medication/procedures at school.)

- Checklist of 8 consent items regarding medication administration at school, including authorization, labeling, and understanding of risks.

REQUIRED SIGNATURES

The above medication is to be administered during the school day in accordance with the above instructions and agreements. I agree to accept communication about student/medication and understand the medication will be given by non-medically trained school personnel.

[ ] Yes [ ] No I give permission to have my child's photo displayed on this form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Physician/Practitioner Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Physician Name \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Received at School: \_\_\_/\_\_\_/\_\_\_ Received by: \_\_\_\_\_