Lawrence Family Development Charter School

www.lfdcs.org

Strengthening families…building community

Consent for Medication Administration

Name of Student: _____DOB_____Grade_____
Home Address_____Contact#_____

MEDICATION ORDER

(to be completed by a licensed prescriber)

Diagnosis **Other Medical Conditions**

Medication **Dosage** **Route** **Frequency**

Duration of order **Side effects**

Consent for Self-Administration **Yes ○** **No ○**

Signature of Licensed Prescriber **Date**

Name of Licensed Prescriber (please print) **Tel#**

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Parent / Guardian Permission

_____I request that the school nurse, or school personnel designated by the school nurse, administer this medication to my child.

_____ I give permission for my child to self-administer this medication if the school nurse determines it is safe and appropriate

_____ I give permission for the school nurse to share information relative to this prescribed medication with appropriate school personnel if it is necessary for my child's health and safety.

The student has the following allergies_____

The student is currently taking these other medications (including those not given at school) _____

_____

Home Tel# Work Tel# Cell #

Other person to call in emergency if parent is not available: Contact #

Parent / Guardian Signature Date

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Permiso de los padres/tutores

_____Solicito que la enfermera de la escuela, o el personal de la escuela designado por la enfermera, administre este medicamento a mi hijo.

_____ Doy permiso para que mi hijo se auto administré este medicamento si la enfermera determina que es seguro y apropiado.

_____ Doy permiso para que la enfermera de la escuela comparta información relativa a este medicamento con el personal escolar apropiado si es necesario para la salud y seguridad de mi hijo.

El estudiante tiene las siguientes alergias_____

El estudiante actualmente está tomando estos otros medicamentos (incluidos los que no se administran en la escuela)

_____

Teléfono de casa# Teléfono de trabajo# Celular#

Persona a quien llamar en caso de emergencia si los padres no están disponibles: Contacto #

Firma del padre/tutor Fecha