## Medication Administration Consent & Licensed Prescriber Order

## **Palisades School District**

Student Name:	
School:	Grade:
However, when this in not possible, prior to rec provide the school nurse with a <i>Medication Adr</i>	should be given at home before and/or after school. weiving the medication at school, each student must ministration Consent form signed by the student's a licensed prescriber. All medications must be in an marmacy.
Parent/Guardian Consent:	
I give my permission for my child,	, to receive the following
medication ordered by a licensed prescriber du	ring the school day. I understand that the medications ing to my child's licensed prescriber's directions.
Parent/Guardian Signature:	Date:
Parent/Guardian Name Printed	Phone:
Name of Medication:	Date of Birth:
Reason for Medication:	
Precautions:	
Discontinuation Date:	
Does child take any other Medications?	
Allergies:	
Licensed Prescriber Signature:	Date:
Licensed Prescriber Name Printed:	Prescriber Phone: