

**Medication Administration Consent And  
Licensed Prescriber Order**

**Penn Manor School District**

Student Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

School: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

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.

**Parent/Guardian Consent:**

I give my permission for my child, \_\_\_\_\_, to receive the following medication 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: \_\_\_\_\_

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**Licensed Prescriber Medication Order:**

Patient’s name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Route and dosage: \_\_\_\_\_

Time of administration: \_\_\_\_\_

Directions: \_\_\_\_\_

Discontinuation date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Licensed prescriber signature: \_\_\_\_\_

Licensed prescriber name printed: \_\_\_\_\_ Phone: \_\_\_\_\_