



**Medication Administration Consent and Licensed Prescriber Order**

**Date:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

**Physician's Telephone No:** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

\_\_\_\_\_ (*full name of student*) must receive the following medication during school hours in order to maintain sufficient health to participate in the school program.

Name of Medication: \_\_\_\_\_

Prescribed Dosage: \_\_\_\_\_

Time Schedule for Administration: \_\_\_\_\_

Length of Time Medication is prescribed: \_\_\_\_\_

Diagnosis or Reason for Medication: \_\_\_\_\_

Potential or serious reaction or side effects of medication: \_\_\_\_\_

\_\_\_\_\_

Emergency Response: \_\_\_\_\_

\_\_\_\_\_

Instructions for Use: \_\_\_\_\_

\_\_\_\_\_

If medication is an Asthma Inhaler or Epinephrine Auto-Injector, is the student qualified and able to possess and self-administer the medication? \_\_\_\_\_ YES\* \_\_\_\_\_ NO

\*It is strongly recommended that the school nurse or designee be provided with an extra Asthma Inhaler or Epinephrine Auto-Injector in the event that the medication cannot be located when the student is in need.

Is there to be any Curtailment of Activity? \_\_\_\_\_

\_\_\_\_\_

List Any Other Medications Child is Taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

As the parent or guardian of the above-named student (place a checkmark in the box after you have read each section):

I do hereby release, discharge and hold harmless the Lenape Technical School, it's agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to the student should there develop an allergic or other harmful reaction from the medication;

I relieve Lenape Technical School, its agents and employees of any responsibility for the benefits or consequences of the above listed medication;

I understand that if the student is carrying and self-administering an Asthma Inhaler or Epinephrine Auto-Injector, the School bears no responsibility for ensuring that the medication is taken;

I permit the school to contact the physician regarding the physician's order and written statement above; and

I am aware, and have explained to the student, that should the student share, give, sell, or use the asthma inhaler or epinephrine auto-injector in any manner other than for which it is prescribed, then the student shall lose the privilege to self-carry the asthma inhaler or epinephrine auto-injector and disciplinary action in accordance with the Schools' Drug and Alcohol policy shall be imposed. Such discipline may be suspension and/or permanent expulsion from Lenape Technical School.

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PARENT(S)/GAURDIAN(S) SIGNATURE(S)