

# MEDICATION AGREEMENT



Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

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

### TO BE COMPLETED BY PARENT OR GUARDIAN

I hereby request and give my permission to the Jefferson County School District to administer medication to my child. I understand that it is my responsibility to provide the medication in the original pharmacy/or physician labeled container that has the correct medication dosage identified for my student. I also understand the school may not alter or change any medications from their original form (cut or half pills, etc.)

**Any prescription changes will require an additional signed and completed Medication Agreement.**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medicaid? No  Yes  Medicaid Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Route: \_\_\_\_\_

I give my permission for the school staff to contact the prescribing physician regarding this medication.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY PHYSICIAN

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s) to be given at school: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Route: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_ Fax \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

Only school employees who are trained and delegated by the District Registered Nurse Consultant may administer medication. The employee administering the medication must document the time they gave the medication in the appropriate box and then initial in the appropriate box.

Name of District Registered Nurse Consultant who trained and delegated: \_\_\_\_\_

Initials	Trained & Delgated Staff	Title	Date Delegated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____