

**Nevis Public School Health Services**  
**Phone: (218) 652-3500 Ext. 114**  
**Fax: (218) 652-3505**

**CONSENT FORM FOR ADMINISTRATION OF  
MEDICATION DURING THE SCHOOL DAY**

Parents of students requesting that medication be administered during school hours by school personnel are required, according to a school policy, to provide for the school 1) a statement from the physician, and 2) a parental release for the administration of medication.

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_ Grade \_\_\_\_\_

**PHYSICIAN'S ORDER FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL**

I have prescribed the following medication for this student and request the dosages given during school hours be administered by school personnel.

Medication \_\_\_\_\_

Dosage and Time of Administration \_\_\_\_\_

Instruction for Giving Medication \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

Purpose or Condition for Which Prescribed \_\_\_\_\_

**PHYSICIAN'S SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENTAL RELEASE FOR ADMINISTRATION OF MEDICATION**

I request this medication be given as prescribed and any information be released to the physician as requested.

I release school personnel from any liability in relation to the administration of this medication at school.

I understand I must provide this medication in the original properly labeled pharmacy bottle.

**PARENT / GUARDIAN** \_\_\_\_\_ **Date** \_\_\_\_\_

Administration of medication will not necessarily be done by a school nurse, but will be given under the supervision of the school nurse.

WOULD YOU LIKE THIS INFORMATION TO GO TO YOUR CHILD'S TEACHER(S)

YES  NO