

MEDICATION CONSENT FORM
Evansville Community School District

PARENT SECTION

This section must be completed by the parent/guardian for the administration of BOTH prescription and non-prescription medication. This form must be completed in order for high school students to self-administer non-prescription medication.

Date _____

Student's Name: _____

Date of Birth: _____

Address: _____

Phone (Home): _____

City: _____

Phone (Other): _____

School: _____

Grade: _____

Name of Medication _____ Dosage _____

I agree with the medication requested below and will be responsible for the following:

- Delivery of medication in a pharmacy-labeled container or original manufacturer's container to the school office.
- Maintain a sufficient supply of medication.
- Keep school personnel informed of changes in the dosage or time medications to be given.
- Obtain a new form from the doctor for any changes in this medication.

In the event more information is needed regarding this medication or its administration, I authorize school personnel to contact the student's physician.

Parent/Guardian Signature _____ Date _____

Evansville Community School District
PHYSICIAN SECTION

This section must be completed by the physician for the administration of prescription medication.

Please administer to _____ the following medication at school.
(Student's Name)

Name of Medication: _____ Dosage: _____

Administer Medication:

- o At the following times: _____
- o As needed for _____, but no more frequently than every _____.

Special Instructions:

Inhalers:

- o May carry on his/her person. This student has been instructed in the proper use of this medication and is sufficiently responsible to self-administer.
- o May not carry inhaler on his/her person.

(Physician Signature) (Date) Clinic/Facility

(Print Physician Name) (Phone Number)

PLEASE SEE OTHER SIDE FOR IMPORTANT INFORMATION

*******IMPORTANT INFORMATION*******

Any student possessing prescription or non-prescription medication without following the procedures set forth in this policy may be subject to disciplinary action.

Sharing/dispersing of prescription or non-prescription medications may result in immediate suspension. Sale of medications will result in a recommendation for expulsion.

Before the end of the school year, the district health clerk will send a letter home to parents/guardians indicating they are responsible for coming and picking up remaining medications at school. Medications, with the exception of inhalers, will not be sent home with students. Medications that are not picked up by parents/guardians will be collected by designated staff. Each medication (both prescription and non-prescription) will be listed on a manifest along with the student's name. For prescription medications, the number of pills will also be added to the manifest. A manifest will be completed for each school. Two persons must sign off on the completed manifest. Nonprescription medications will be collected, placed in a container, sealed and discarded with regular garbage. Prescription medications will be placed in a Sharps container and incinerated by the local pharmacy or MacNeil Environmental Services.