

SUMTER COUNTY SCHOOLS
ADMINISTRATION OF PRESCRIPTION AND NON-PRESCRIPTION MEDICATION CONSENT FORM

Medications must be brought to the school by the parent. Prescription medication must be presented to school personnel in the original container and non-prescription medication in a sealed, unopened container. Metered dose inhalers, epi-pens, and/or diastat acudial should have the label affixed to the medication for easy identification **or** it **must** be in the original box with prescription label.

Student's Name: _____

Date of Birth: _____ School: _____

Parent/Guardian: _____ Phone: _____ Cell: _____

Address: _____

Name of Medication: _____ Allergies: _____

Dosage/amount to be given: _____ Time to be given: _____

Diagnosis: _____ Purpose/reason for medication: _____

Date to start: _____ Last day to be given: _____

Special Instructions when administering medication (ex: do not crush, take with food, give after lunch, etc.)

Reaction(s) that may occur: _____

Please circle one: May May Not carry and use inhaler, epi-pen, diabetic supplies, pancreatic enzymes himself/herself.

I authorize the Sumter County School personnel to administer medication as directed by this authorization. If there are questions regarding this medication, I authorize the School Nurse to contact the ordering physician as needed this school year.

It is the parent's responsibility to pick up medications that are no longer needed at school. Medications that have expired and/or are discontinued during the school year will be discarded after 2 weeks of the expiration or discontinuation date. At the end of the school year, left over or unused medications will be disposed of **one** day after the last day of school.

Parent Signature

Date

Physician Signature

Date

Physician's Official Stamp