



Olton ISD

Medication Administration Consent Form

This form must accompany all medications before they can be administered to your child while at school (prescription or non-prescription). Medication must be in its original container. All prescriptions must have a current label with your child's name on it. All OTC medications must have a written note from the parents/guardian. All medications must be given as prescribed or instructed on the container label. A new form must be completed each school year.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Homeroom Teacher (if applicable): \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Medical Diagnosis/Reason for Medication: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Clinic Address/Number: \_\_\_\_\_

**Medication(s) to be administered at school:**

Medication Name	Dose	Frequency

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Short-term antibiotic medications need to follow this schedule unless a specific time is ordered by the physician. **Twice a day (before school & before bed) Three times a day (before school, after school & before bed).**

Any OTC medication to be given over 10 days must have a physician's order. Any non-prescription medication to be given as needed during school (tylenol etc...) does not need a physician order but does require a written note from the parent/guardian. All parents will be contacted before medication is given.

I authorize Olton ISD school personnel to administer the above medication(s) to my child. I authorize my child's physician to release any information concerning his/her health for proper treatment and care while at school.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date