Boone County Schools
Student Services Division
School Health Services Department

Medication Administration Consent Form

In-school/After-school hours/Field trip including self-administration

Dear Parents/Guardians:

Prescribed medications (prescription, herbal and dietary supplements alike) ordered by a physician and non-prescription over-the-counter medications which are essential for the student to take during and/or after school hours while attending a school-sponsored event/field trip shall be given according to the instructions written below. All prescribed and non-prescription medications shall be kept in an approved area at school or with an adult who is a Boone County school employee on a field trip unless the student has permission to carry emergency medication signed by a physician. Prescription medication must have a pharmacy label affixed that includes the child's name; herbal/dietary supplements and non-prescription over-the-counter medications must be in the original container and marked with the student's name. No more than one week's supply of medicine may be received at school; for a field trip send in only the amount of medication required for the after-school event/field trip. All unauthorized medications will be confiscated. This form may be faxed to the school office by your doctor. Please refer to the District's medication policy and procedures for more detailed information.

Student's Name: _____ Date of birth: ____/____/_____ Grade:_____

Name of Medication: _____ Diagnosis/condition: _____

Dose (specify amount in mg or ml): _____ Time(s) to be administered: _____ Route: _____

Please note any potential reactions or side effects the child might have to this medication: _____

Special storage requirements: _____ ALLERGIES: _____

Specific to field trips: In the case of field trips or school-related functions, slight adaptations to the time the medication is administered may also be necessary. Unless indicated otherwise, students may self-administer medication with school trained personnel supervision while on a field trip.

I request trained Boone County School employees to administer or supervise the administration of this medication in accordance with Boone County Schools' Medication Administration Guidelines and the above instructions. I release Boone County School District and any of its employees (hereinafter the "District") from any liability or harm which is suffered by the student (named above) as a result of this request. I further agree to indemnify and hold the District harmless from any legal action or other attempts to acquire compensation, including damages and legal and medical fees, from the District whenever the District has acted in accordance with the information provided by my child's physician.

_____ _____ _____

Parent Signature Parent Phone Number Date

_____ _____

Physician name Date

_____ _____

Physician Signature (**required for prescribed medications and self-administration of any medication**) Date

_____ _____

Physician Address Phone Number

Revised Apr. 2015