HIGLEY UNIFIED SCHOOL DISTRICT
CONSENT FOR ADMINISTRATION OF PRESCRIPTION AND NON-PRESCRIPTION
MEDICATION AT SCHOOL
*Areas to be filled out by Health Care Provider *ONE CONSENT FORM FOR EACH MEDICATION

Student Name:_____Birthdate: _____

School:_____Teacher:_____Grade:_____ Room #: _____

*Medication:_____*Dose:_____ * Route: _____

Doctor:_____Doctor's Phone Number: _____

*Diagnosis/Reason for giving medication: _____

Time(s) medication is to be given: _____ Start Date: _____ *Stop Date: _____

*If PRN, for what symptoms:_____

Relevant side effects: None expected_____ specify: _____

*Health Care Provider Signature: _____ **Date:** _____

PLEASE NOTE: I request designated school personnel to administer the medication prescribed by the above practitioner.

1. Prescription medication must be in the original container as prepared by a pharmacist and labeled with the correct following information:
   a. Name of Student
   b. Name of Medication
   c. Dosage
   d. Times to be given
   e. Dates/Expiration
   f. Prescribing Health Care Provider

2. Non-prescription medication (over-the-counter) must be in the original packaging, with directions, dosages, compound contents, and proportions clearly legible. Age appropriate dosage as stated on the label will be dispensed. A Health Care Providers order must be submitted to the school health office for administration beyond a three-day period. In order to minimize the possibility of a drug overdose, non-prescribed medications will not be dispensed during the first and last hours of the school day.

3. All medications must be brought to school and delivered to the Health Office by the parent/guardian.

4. All medications must be picked up by the parent/guardian at the end of the medication times or by the end of the school year. Any medication not picked up will be destroyed per school policy.

_____   _____
Parent/Guardian Signature   Date

_____   _____
Home/Cell Phone   Health Aide/Nurse Signature

2023-2024 SCHOOL YEAR
MEDICATION ADMINISTRATION RECORD

use a separate sheet for each medication ***ERROR - DO NOT USE WHITE OUT! Put one line through the error and initial next to the line****

Student Name: _____ Homeroom Teacher: _____ Grade: _____

Medication: _____ Daily **OR** PRN: _____ Reason for Medication: _____

Dosage/Route: _____ Time(s) to be given: _____ PRN Reason to be given: _____

Med count_____ Date_____ Initial_____ Exp Date: _____   Med count_____ Date_____ Initial_____ Exp Date: _____

Med count_____ Date_____ Initial_____ Exp Date: _____   Med count_____ Date_____ Initial_____ Exp Date: _____

Med count_____ Date_____ Initial_____ Exp Date: _____   Med count_____ Date_____ Initial_____ Exp Date: _____

Start Date: _____ **Stop Date:** _____

Legend: A = Absent; FT = Field Trip; RF= Refused; ER= Early Release
NS = No Show; H = Holiday; W = Weekend; NM = No Medication; F= Furlough

_____H.A.
Signature & Initials

_____OTHER
Signature & Initials

_____ OTHER
Signature & Initials

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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May																															

2023-2024 SCHOOL YEAR
MEDICATION ADMINISTRATION RECORD

use a separate sheet for each medication Use this if you are giving medication more than once a day

*****ERROR - DO NOT USE WHITE OUT! Put one line through error and initial next to the line*****

Student Name: _____   Homeroom Teacher: _____   Grade: _____

Medication: _____   Daily **OR** PRN: _____   Reason for Medication: _____

Dosage/Route: _____   Time(s) to be given: _____   PRN Reason to be given: _____

Med count_____ Date_____ Initial_____ Exp Date: _____   Med count_____ Date _____ Initial_____ Exp Date: _____

Med count_____ Date_____ Initial_____ Exp Date: _____   Med count_____ Date _____ Initial_____ Exp Date: _____

Med count_____ Date_____ Initial_____ Exp Date: _____   Med count_____ Date _____ Initial_____ Exp Date: _____

Start Date: _____   **Stop Date:** _____

Legend: A = Absent; FT = Field Trip; RF= Refused; ER= Early Release
NS = No Show; H = Holiday; W = Weekend; NM = No Medication; F= Furlough

_____**H.A.**
Signature & Initials

_____**OTHER**
Signature & Initials

_____ **OTHER**

DATE	TIME	INT	DATE	TIME	INT	DATE	TIME	INT	DATE	TIME	INT	DATE	TIME	INT	DATE	TIME	INT	DATE	TIME	INT	DATE	TIME	INT

10/2021