FOREST AREA SCHOOL DISTRICT

Ms. Amanda E. Hetrick, Superintendent

22318 Route 62, Box 15

Tionesta, PA 16353
EAST FOREST phone 814-927-6688 fax 814-927-8452
WEST FOREST phone 814-755-3302 fax 814-755-2472

Medication Administration Consent

Name of Student:____________________________________ Grade:__________________

Name of Medication to be given:____

Dosage, Route and Time medication is to be given:____________________________________

Medication order beginning date:_____________ ending date:___________________________

Reason medication is prescribed:____

Possible Side Effects that may occur:____
If side effects occur, what necessary response should the school take:______________________
____

For students prescribed inhalers and epipens: This student is capable of carrying above ordered medication with them at all times and self-administer as prescribed: YES____________ NO______________

This medication has been prescribed by me and is to be given in school because the medicine must be taken at a time when the child is in school and any other time before and/or after school is not possible.

Physician Signature:____________________________________ Date:____________________
Physician Name Printed:________________________________ Phone #:__________________

I give my permission and my consent for the above prescribed medication to be given to my child at school by school personnel and release Forest Area School District and its personnel from any liability associated with the administration of this medication. This includes release of any responsibility for the benefits or consequences of the medication and acknowledge that the school district bears no responsibility for ensuring that the medication is taken. I understand that all medications (prescription and over the counter) must be in original prescription or over the counter bottles/containers. I understand that any unused medication must be picked up by me on the last day of the current school year and medication will NOT be sent home with students. Any medications not picked up by the last day of the current school year will be disposed of. My signature below indicates I have read, understand and agree with all information presented on this Medication Administration Consent form.

Parent/Guardian Signature_________________________________Date:__________________

Parent/Guardian Name Printed:____________________________Phone #:_________________

AN EQUAL OPPORTUNITY EMPLOYER

The Forest Area School District does not discriminate based upon age, gender, race or handicapping condition.
Compliance officers for Title IX, Ms.Amanda E. Hetrick., and Section 504, Mrs. Debra Arne