*Rutherford County Schools* 382 West Main Street Forest City, NC 28043 Phone (828) 288-2200 Fax (828) 288-2490

## CONSENT FOR MEDICATION TO BE GIVEN AT SCHOOL

**(TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER)**

Student Name: _____ Date of Birth: _____

Name of medication: _____ Dosage: _____

School: _____

Time(s) to be given: _____ a.m. _____ p.m.

Starting date: _____ Ending date: _____

Reason for medication/medical diagnosis:_____
_____

Contraindications for administration: _____
_____

Common side effects: _____
_____

_____ **DEA #** _____ **Office #** _____ **Date:** _____
**Signature of prescribing provider**

**(TO BE COMPLETED BY PARENT)**

☐ *I understand that only emergency medications may be carried by students. I request that my child be allowed to carry his/her above named emergency medication and be responsible for its proper use and storage. If my child fails to act responsibly in the use or storage of this medication, I understand that his/her actions may result in disciplinary response deemed appropriate by a school administrator and that I will be contacted in order to develop a new plan.*

I hereby give my permission for my child (named above) to receive/administer the above medication during school hours. This medication has been prescribed by a licensed provider. I hereby release the Rutherford County Board of Education and/or their agents and employees from any and all liability that may result from my child taking this prescribed medication.

_____ **Contact #** _____ **Date:** _____
**Signature of parent/guardian**

_____ **Date:** _____
**School Nurse**

_____ **Date:** _____
**Administrator**

***Rutherford County Schools Vision*** — All Rutherford County students will be successful in a global community.