

FREMONT PUBLIC SCHOOLS – MEDICATION CONSENT FORM

DAILY PRESCRIPTION MEDICATIONS

****This information expires on June 30, _____**

Fremont Public Schools personnel are prohibited from providing or administering any medication to a student except as authorized by the Board Policy.

MEDICATIONS MUST BE CARRIED IN THE ORIGINAL CONTAINER WITH THE PHARMACY LABEL INTACT

If at all possible, parents are advised to give medication at home rather than during school hours. If it is necessary that a medication be given during school hours, the following regulations must be followed:

- The parent has completed the request for administration of medication and has furnished the school district with the completed PHYSICIAN AUTHORIZATION and that information is on file at the school.
- **AUTHORIZATION MUST BE UPDATED ANNUALLY AND/OR FOR EACH NEW PRESCRIPTION**
- Medication must be brought to school by a parent/guardian in the original container with the appropriate label intact. Students may not carry medication to school or from school.
- **IF MEDICATION IS NOT PROPERLY LABELED, IT WILL NOT BE GIVEN.**
- The school **WILL NOT** divide pills in half.

I hereby give my permission to the Fremont Public School staff to administer the following medication to my child.

- **This entire form, including the signed physician's order, must be complete and on file in the school building's office where that student attends.**

****PHYSICIAN MUST COMPLETE THE FOLLOWING:**

Student's name _____
School _____ Teacher/Homeroom _____
Name of medication _____ Physician _____
Dosage _____ Time to be given _____
Condition for which drug is being administered _____
Relevant side effect to be observed, if any _____
Special instructions, if any _____
Physician phone number _____
Physician Signature _____ Date _____

Parent/Guardian signature _____ Date _____