

**School Administration District #51  
Cumberland/ North Yarmouth**

MEDICATION ADMINISTRATION CONSENT FORM  
FOR SCHOOL PERSONNEL TO ADMINISTER MEDICATION AT SCHOOL

It is the general policy of S.A.D. #51 to discourage the dispensing of medications on school premises. Under exceptional circumstances, the administration of medication will be conditionally permitted when absolutely required for a student's health and attendance in school. Since there is not a school nurse in each building every day, this consent form gives S.A.D. #51, both licensed and non-licensed personnel, permission to administer medications to your child according to your physician's instructions below.

Student's Name: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be Administered: \_\_\_\_\_

Reason for Medication (optional): \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

In the event of possible side effects, school officials should take the following action(s):

\_\_\_\_\_  
\_\_\_\_\_

Emergency contact person(s) and telephone number(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please read and sign below:**

I am aware that the S.A.D. #51 School Department does not have a school nurse in each building every day to administer medications and provide personal nursing services to all students. However, the above named student is in need of the above-named medication during the regular school hours to maintain his/her health. In my opinion, his/her need for the medication is so important that, if the school nurse is not present in the school building, I authorize non-medical school personnel to dispense this medication according to the above instructions.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature(as needed) : \_\_\_\_\_ Date: \_\_\_\_\_