

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

MEDICATION ADMINISTRATION CONSENT FORM
FOR SELF -ADMINISTRATION OF MEDICATION AT SCHOOL

It is the general policy of S.A.D. #51 to discourage the dispensing of medications on school premises. Under special circumstances as requested and prescribed by a student's physician or dentist and approved by the school nurse and building principal, a student may self-administer his/her medication at school. The student must be adequately instructed on the medication and its administration and deemed responsible to self-administer by the nurse and principal.

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 students. However, in my opinion, I believe that the above named student is in need of the above-named medication during the regular school hours to maintain his/her physical health. This need for the medication is so important that:

_____ I give consent for my child (the above student) to dispense and administer the above specified medication under the supervision of the school nurse or principal's designee.

_____ I request that my child (the above student) be allowed to carry on his/her person an amount of the above specified medication not to exceed one day's dosage.

Parent's/Guardian's Signature: _____

Physician's/Dentist's Signature(required): _____