

ONEIDA NATION SCHOOL SYSTEM

SCHOOL MEDICATION CONSENT FORM

ONEIDA NATION ELEMENTARY SCHOOL
 Phone (920)869-1676 Fax (920)869-1684
 ONEIDA NATION HIGH SCHOOL
 Phone (920) 869-4308 Fax (920)869-4045

PARENT / GUARDIAN CONSENT FOR MEDICATION

STUDENT NAME	BIRTHDATE	GRADE
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PARENT/GUARDIAN NAME	PHONE WHERE PARENT CAN BE REACHED DURING SCHOOL DAY
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- All medication will be provided by parent or guardian, and in its prescription labeled container or original container.
- Medication is to be brought to and picked up from school by parent or adult.
- Physician or medical provider order is required for: all prescription medication, food supplements, non-FDA approved medication, natural products, and over-the-counter medications that exceed the recommended package dose.

MEDICATION	DOSE	ROUTE	TIME	REASON FOR MEDICATION
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MEDICATION	DOSE	ROUTE	TIME	REASON FOR MEDICATION
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MEDICATION	DOSE	ROUTE	TIME	REASON FOR MEDICATION
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NAME OF MEDICAL PROVIDER, INCLUDE CLINIC LOCATION

IF MEDICATION IS GIVEN ONLY AS NEEDED, WHAT ARE THE CONDITIONS WHEN SCHOOL PERSONNEL SHOULD GIVE IT?

- I give my permission to school nurse or designated school personnel to administer this medication to my child at school. I give permission to these school personnel to notify classroom teachers and other school personnel about this medication.
- I will notify the school in writing of any changes and obtain a new physician's or medical provider's order.
- I authorize school nurse or school personnel to exchange information with my child's medical provider regarding this medication.
- This authorization is for the entire school year (and summer school if attended), unless otherwise indicated.
- I agree to hold Oneida Nation School System, its employees and agents who are acting within the scope of their duties, harmless in any or all claims arising from the administration of this medication at school.

SIGNATURE	DATE
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PHYSICIAN OR MEDICAL PROVIDER ORDER FOR MEDICATION ADMINISTRATION

PLEASE CONTACT ME IF THE FOLLOWING MEDICATION SIDE EFFECTS OR SYMPTOMS OCCUR:

FOR ASTHMA INHALERS & EPIPENS

- ____ Student and parents/guardians have been instructed in self administration. This student may carry an asthma inhaler or Epi-pen and self-administer in school.
- ____ Student is not allowed to carry own asthma inhaler or Epi-pen. It should be kept in health office and administered by staff.

OTHER INSTRUCTIONS OR COMMENTS

MEDICAL PROVIDER SIGNATURE	DATE
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PRINT MEDICAL PROVIDER NAME	PHONE
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CLINIC	FAX
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