

Northwest Local School District
ADMINISTRATION OF PRESCRIBED MEDICAL TREATMENT AT SCHOOL

School policy requires consent of the parent/legal guardian, order of the licensed prescriber, and agreement of school personnel before a prescribed medical treatment can be administered to a student. The following information is necessary to comply with this policy. ALL information must be completed and the form returned to the school office.

Name of Student _____ DOB _____ Grade _____ Homeroom _____
Address _____ Telephone _____
Allergies _____

The above mentioned student is under my care and should receive _____ at the
following times _____ beginning _____
(Effective Date)

Special instruction for the administration of medical treatment: _____

Possible adverse reactions and specific actions to be taken if identified reactions develop: _____

Arrangements for needed in-service training for school personnel responsible for performing the medical treatment: _____

Expiration date for this request _____

Licensed Prescriber Signature _____ Print Name _____

Date _____ Phone Number in case of emergency _____

NOTE: When any change in the above prescribed medical treatment occurs, a revised statement signed by the licensed prescriber must be submitted to school personnel.

I give permission for school personnel, as designated by the principal, to administer the medical treatment as prescribed above.

I further agree to the following:

1. Submit to school personnel a revised statement, signed by the licensed prescriber of the above, when any change in the original statement occurs.
2. Provide school personnel with all needed equipment and supplies required to safely perform the medical treatment within the school environment.
3. Provide one or more telephone numbers at which parent/guardian can be reached in case of an emergency: _____

Parent//Guardian Signature _____ Date _____ Daytime Phone Number _____