

JACKSON COUNTY *School District*

“Raising the Standard”

Medical Consent Form – All Students

Physician’s authorization to administer medication at **Jackson County Schools**

Name of School _____

Name of Student _____ DOB _____ Drug Allergies _____

NO STUDENT WILL BE ALLOWED TO BRING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATION TO SCHOOL WITHOUT AUTHORIZATION FROM PARENT. ALL MEDICATION MUST BE CHECKED INTO AND STORED IN SCHOOL OFFICE UNLESS AUTHORIZATION IS GIVEN FOR STUDENT TO CARRY ASTHMA MEDICATIONS OR EPI-PENS.

Non-Prescription/Prescription Medication(s):

<i>Medication</i>	<i>Dosage</i>	<i>Frequency</i>	<i>Physical Condition</i>	<i>Date to Begin</i>	<i>Date to End</i>

All prescription medications shall require a physician’s order to administer at school.

Physician and parent give authorization for the above-named student to carry and self-administer inhaler medication or Epi-Pen. Student and parent take responsibility for appropriate use of the inhaler as prescribed and accept responsibility for student carrying and self-administering asthma inhaler medication including keeping medication away from others.

YES NO

Self-administration of medication is not recommended for elementary school students and will be considered on case-by-case basis for all students.

All insulin and syringes will be stored in school office. Students are NOT allowed to carry syringes at school.

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Physician's signature

Date

Physician's/Clinic Stamp

Signature of Parent/Guardian

Date

This form should be completed by your physician and/or parent signed by the physician and/or the parent/guardian, and submitted to the appropriate school as soon as possible.

The signed form may be mailed or faxed to your child's school. Please contact the school for address or fax number.