

Medical Information and Consent to Dispense Medications - SY 2025/2026

Student's Name (Please Print): ______Birthdate: ______

Known Allergies: _____

List All Medical Concerns: _____

Parent Provided Over-the-Counter Medications – These are to be furnished by the parent, in the original container with the student's name and dosage instructions provided. Medications to be administered more than 10 days must have a physician's order. Medications not picked up within 10 days will be disposed of in accordance with federal guidelines. Expired medication or medications without proper dosage instructions **will not** be administered to students.

Date	Name of Medication	Route (by mouth, etc.)	Dosage	Time	Medication End Date	Indication for treatment	Possible Side Effects	Parent/Guardian's Initials

Parent Provided Prescription Medications – All medications must be furnished by the parent in the original container with affixed prescription label. No more than a 30 days' supply of medication should be brought to the health office. All controlled substances should be brought into the health office by a Parent/guardian.

Date	Name of Medication	Route (by mouth, etc.)	Dosage	Time	Medication End Date	Indication for treatment	Possible Side Effects	Parent/Guardian's Initials

Special Requirements (example: take with food): ______

I hereby authorize any hospital/doctor/EMS personnel to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

By signing below, I give my consent to the school nurse or other designated school staff to dispense the medication(s) noted above to my child. I acknowledge that Great Hearts personnel are not responsible for any ill effects which may occur. Note: The very first dose of this medication for current condition/illness may not be given at school.

Signature of Parent/Guardian: _____

Date:

Recent changes to the Consent to Administer Medication document allow school staff to administer certain prescription medications to minors without parental authorization in the case of a medical emergency. These medications are: 1 Epinephrine auto-injectors, 2. Inhalers 3. Naloxone hydrochloride or any other opioid antagonist drug that are approved by the FDA.