



## Medical Information and Consent to Dispense Medications – SY 2026/2027

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. **Please note we do require that you include the Medication Expiration Date.**

Date	Name of Medication	Route (by mouth, etc.)	Dosage	Time	Indication for treatment	Medication Expiration Date	Possible Side Effects	Parent/Guardian 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. **Please note we do require that you include the Medication Expiration Date.**

Date	Name of Medication	Route (by mouth, etc.)	Dosage	Time	Indication for treatment	Medication Expiration Date	Possible Side Effects	Parent/Guardian 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 for 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 prescription medications to minors without parental authorization in a medical emergency.**

**These medications are:**

- 1. Epinephrine auto-injectors,**
- 2. Albuterol Inhalers**
- 3. Naloxone hydrochloride or any other opioid antagonist drug that are approved by the FDA.**