

# Kensington Elementary School

122 Amesbury Road • Kensington, New Hampshire 03833 • (603) 772-5705 • Fax (603) 775-0502

## *Consent for Medication Administration at School*

Date of request: \_\_\_\_\_ Student's Name: & DOB: \_\_\_\_\_  
Student's Allergies: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Medication: \_\_\_\_\_  
Route of Administration: \_\_\_\_\_  
Dosage of Medication: \_\_\_\_\_  
Frequency or Time Schedule: \_\_\_\_\_  
Adverse Reactions or Side Effects: \_\_\_\_\_  
Specific information you feel would be beneficial to the school: \_\_\_\_\_

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Dosage of Medication: \_\_\_\_\_  
Frequency or Time Schedule: \_\_\_\_\_  
Adverse Reactions or Side Effects: \_\_\_\_\_  
Specific information you feel would be beneficial to the school: \_\_\_\_\_

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Date: _____	Physician Signature: _____	Physician Printed Name & Telephone: _____
Date: _____	Signature of Parent: _____	Printed Name of Parent: _____

We, the parents, authorize the school nurse or any other member of the staff designated by the building principal to assist\* our child in taking the above medication. Any pupil in grades K-12 must be assisted by such persons, and the medication, therefore, shall be in the custody of such persons. If the medication is an **emergency medication** that must be carried by the student, a written permission form must be in the nurse's office. The nurse and the school principal must give sanction for this medication to be carried by the student.

**I, parent or guardian, agrees by signing this request form to the HOLD HARMLES Statement as follows: I agree that I will not hold liable any member of the school staff who is directed by me to assist my child in taking the above stated medication.**

\* Assist means having the required medication available to the child as needed and observing the student as he/she takes or does not take his/her medication.

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### ***Guidelines for Medication Administration at School***

Dear Parents,

There are New Hampshire State regulations governing the administration of medication to children during school hours. Whenever possible, medications should be given at home. Below are the guidelines to follow for **all prescription, over-the-counter or topical medications.**

- Consult with the doctor about a medication schedule that will allow child to take it at home if possible.
- If medication must be given at school, please fill out parent/guardian and physician consent form on reverse and submit with medication to nurse.
- **Please do not send any medication to school with your child.** A parent or responsible adult must bring the medication to school and give directly to the nurse and sign consent and receipt of medication forms provided by the nurse.
- The medicine must be brought to school in its original packaging or prescription bottle with the physician's name, date of prescription, name and strength of medication and directions for dispensing it on the label. **No more than a 30 day supply may be left at school. You may request a second bottle from the pharmacy to provide for school if you need to split a prescription.**
- Unused or expired medication must be picked up within ten days by the parent or it will be discarded. Medications administered throughout the school year must be picked up by the parent by the last day of school or it will be discarded.
- If medicine of any kind is found in a child's possession, it will be taken away immediately and kept with the principal or nurse, only to be released to a parent or guardian. (Students carrying Epi pens and emergency medications are the only exception.)

Thank you for your help in following these procedures to ensure safe care and protect all of our children. We ask you to post this list in a convenient place so that you will be able to refer to them when necessary. Please feel free to call any time if you have questions.

Angela Carrier, RN  
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