

**CODE: JLCD-E**

**KITTERY SCHOOL DISTRICT  
Medication Administration Consent Form**

|               |  |             |  |
|---------------|--|-------------|--|
| <b>School</b> |  | <b>Date</b> |  |
|---------------|--|-------------|--|

*To be filled out by the parent/guardian prior to medication administration.*

1. Medication must be brought to the school by the an adult and preferably the parent/guardian. The medication must be in a properly labelled and unaltered pharmacy container. Only under extenuating circumstances, agreed upon by the nurse, parent/guardian, and stated and signed below, may the student carry his/her own medication. This privilege of self-carrying medication can be revoked at any time by the building administrator and/or school nurse.

2. Please fill out the following information:

|                                     |  |               |  |
|-------------------------------------|--|---------------|--|
| Student's Name                      |  | Date of Birth |  |
| Medication                          |  |               |  |
| Dose to be given                    |  |               |  |
| Time to be given                    |  |               |  |
| Prescribed by                       |  |               |  |
| Reason for it to be given in school |  |               |  |
| Additional information              |  |               |  |

In the event the school nurse is called away, during field trips, or is unable to administer the above medication I give my permission for trained unlicensed staff to administer the medication listed above to my child.

|                              |  |      |  |
|------------------------------|--|------|--|
| Parent/Guardian<br>Signature |  | Date |  |
|------------------------------|--|------|--|

REVISED: March 5, 2019