

MEDICATION CONSENT FORM
MANASSAS PARK CITY SCHOOLS

PART I (To Be Completed by the Parent/Guardian)

I hereby authorize the Manassas Park City Schools personnel to administer medication as directed by this authorization. In the absence of gross negligence or willful misconduct, I agree to release, indemnify, and hold harmless the City of Manassas Park Schools and any of their officers, employees, or agents from lawsuit, claim, expense, demand or action, etc., arising from the administration of medication, provided Manassas park staff comply with the physician's or parent/guardian's orders set forth in accordance with Part II below. Parents/guardians should not assume that medications will always be administered by the school nurse. If a school nurse is not available, it will be necessary for medication to be administered by a staff member who is not a health care professional. Therefore, it is vital that directions, dosage and expiration date of the medication be clear. I have read the procedures outlined and assume responsibilities as required.

Student _____ Homeroom Teacher/Grade _____

Birthdate: _____ School: _____

Parent/Guardian's Signature Daytime Phone Date

PART II (To be completed by physician for all long-term medications and over-the-counter medications that exceed five days. To be completed by parent/guardian for short-term medications and over-the-counter medications taken less than five days in succession.) **All medications must be in the original container, including all over-the-counter medications.**

Name of Medication: _____

Dose to be given: _____

Time to be given at school: _____

Date to be discontinued: _____

Physician's Name (Print or Type) Physician's Signature

Physician's Phone Number Date

PART III (To be completed by the school staff/principal designee accepting this medication.)

Parts I and II above are completed including signatures. (It is acceptable if all items of information in Part II are written on the physician's stationery/prescription pad.)

Prescription medication is clearly labeled by pharmacist. Date any unused medication is to collected by parent.

School Staff's Signature Date

Retention: Until student withdraws or five years after graduation