

**GARNET VALLEY SCHOOL DISTRICT**  
**MEDICATION ADMINISTRATION CONSENT FORM**

I/We, \_\_\_\_\_, the undersigned parent(s) and/or guardian(s) of \_\_\_\_\_, do hereby authorize the school nurse or other employee designated by the principal, an employee and authorized representative of the Garnet Valley School District, to administer the following medication \_\_\_\_\_ to my/our child for the purpose of treating \_\_\_\_\_ (medical condition). This includes on school field trips.

In consideration of the administration of prescription drugs by the nurses and/or designated employees who are employed by said district, I hereby covenant and agree to hold harmless and indemnify all such employees against any and all claims, damages, expenses, attorneys' fees, suits, cause or causes of action in law and equity or any place howsoever which may be brought against such employees because of negligent act or omission committed by such employees in connection with such administration. This agreement shall be effective until revoked by me in writing.

Note: If possible, parents are advised to give medication at home and on a schedule other than during school hours. If it is necessary that a medication be given during school hours, the following school district policies must be followed:

1. Medication must be ordered/advised by a physician/dentist and permission granted to the RN at the school to contact the physician/dentist if necessary.
2. Medication must be brought to school in the original container with appropriate labels intact. If medication is not properly labeled, it will NOT be given. The medication must be given to the RN at the beginning of the day and kept in the nurse's office. Oral medication may not be carried by the student during school hours. Asthma inhalers/epinephrine inhaler, insulin or epipen may be carried by the student, when the family physician and the parent/legal guardian gives written permission on file in the nurse's office.
3. Medication of more than 2 weeks duration must be accompanied by a physician's note.

We have discussed this procedure with our child and he/she understands that it is his/her responsibility to get the medication at the designated time.

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time of Administration \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_