

Copiah Educational Foundation, Inc.

Medication Consent Form

Copiah Educational Foundation, Inc. requires that any student needing prescription or non-prescription medication administered during school hours do the following:

1. Present a completed medication consent form to the school office.
2. Bring prescription medication in its original container, properly labeled by a registered pharmacist as prescribed by law.
3. Bring non-prescription (over-the-counter) medication in its original labeled container with the student's name and any instructions written on it.

Student's Name: _____ Age: _____

Teacher's Name: _____ Grade: _____

Prescriber Authorization

Name of Medication: _____ Reason for taking: _____

Dosage: _____ Oral/Topical/Inhalation Frequency/Times to be given: _____

Are there any restrictions or special instructions? Yes/No If yes, please specify

Prescriber Signature

Date

Phone

Parent Authorization

I hereby give permission for the school nurse or designated unlicensed school personnel who have completed the Mississippi Board of Nursing Assisted Self Administration Curriculum to administer the above medication to my child. I also authorize the school nurse to talk with the prescriber or pharmacist should any questions concerning medication arise.

Prescriber Signature

Date

Phone