'Iolani School

<u>Parental Consent Form - Administration of Prescription Medication</u>

Section 1. Parental Consent (to be completed and signed by parent or guardian)
**If your child is off campus, no medication will be given for that day. **

Student Name____ Grade ________
First Last MI

Parent/Guardian Name ____

Daytime/Emergency Contact Phone # ____

I give my consent for 'Iolani School to administer the following prescription medication that I have provided, for my child, according to the directions given below. I agree to release and hold harmless 'Iolani School and any of their staff members or agents from lawsuit, claim, expense, demand, or action, etc. for assisting my child with this medication, provided 'Iolani School complies with the directions below.

Signed ____ Date__________________________
Signature of parent or legal guardian

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Section 2. Medication Authorization (to be completed and signed by physician)
Two (2) labeled bottles from pharmacy, one for school and one for home, required

Student Name ____ Date of Birth ____________________

Name of medication ____

Dosage _______________ Route ☐PO ☐SQ ☐IM ☐SL ☐OD ☐OS ☐OU ☐Other__________

To be given at the following time(s) ____

Starting Date: ______________________________ Ending Date: ________________________________

Reason for medication (diagnosis) ____

Potential side effects to be reported to physician ____

Sequence medicine should be administered (if more than one medication) ____________________________

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Special instructions ____

Physician Signature _______________________________________ Date _________________________

Physician Name _______________________________________ Physician Phone # _________________

Physician Address _______________________________________

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State law requires the school to have written authorization, for administration or storage of prescription medication, on file.

'Iolani School will administer and/or store prescription and over the counter medications during school hours providing the required consent and directions are submitted with the medications to the Infirmary and the following requirements are met.

1. All ***prescription medications*** must be sent in a pharmacy bottle with original pharmacy label with the following information:
   - child's name
   - name of medicine
   - frequency
   - dosage
   - licensed health care providers name
   - pharmacy name and phone number
2. All ***over the counter medications*** must be:
   - labeled with child's name
   - packaged in original container
3. All expired or unused medications must be picked up within one week of notification or it will be discarded.
4. Student responsible to report to the Infirmary for his/her medication.

'Iolani School Infirmary

563 Kamoku Street

Honolulu, Hawai'i 96826

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