



FOREST AREA SCHOOL DISTRICT

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West Forest Schools: Ms. Staci Blair, Principal
22318 Route 62, Box 15, Tionesta, PA 16353
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Medication Administration Consent

Name of Student: _____ Grade: _____

Name of Medication to be given: _____

Dosage, Route and Time medication is to be given: _____

Medication order beginning date: _____ ending date: _____

Reason medication is prescribed: _____

Possible Side Effects that may occur: _____

If side effects occur, what necessary response should the school take: _____

For students prescribed inhalers and epipens: This student is capable of carrying above ordered medication with them at all times and self-administer as prescribed: YES _____ NO _____

This medication has been prescribed by me and is to be given in school because the medicine must be taken at a time when the child is in school and any other time before and/or after school is not possible.

Physician Signature: _____ Date: _____

Physician Name Printed: _____ Phone #: _____
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I give my permission and my consent for the above prescribed medication to be given to my child at school by school personnel and release Forest Area School District and its personnel from any liability associated with the administration of this medication. This includes release of any responsibility for the benefits or consequences of the medication and acknowledge that the school district bears no responsibility for ensuring that the medication is taken. I understand that all medications (prescription and over the counter) must be in original prescription or over the counter bottles/containers. I understand that any unused medication must be picked up by me on the last day of the current school year and medication will NOT be sent home with students. Any medications not picked up by the last day of the current school year will be disposed of. My signature below indicates I have read, understand and agree with all information presented on this Medication Administration Consent form.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Name Printed: _____ Phone #: _____

AN EQUAL OPPORTUNITY EMPLOYER

The Forest Area School District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs, activities or employment practices and provides equal access to the Boy Scouts and other designated youth groups. Inquiries may be directed to Mrs. Amanda Hetrick, Title VI Coordinator, Mrs. Elisha Pospisil, Title IX Coordinator, or Mrs. Debra Arner, Section 504 Coordinator at (814) 755-4491