

MEDICATION CONSENT

The school nurse is *required* by Nevada State Law to have this form signed by **both** the parents/guardians and the Health Care Provider of a student before any medication, **including over-the-counter medication** can be administered at school.



Student's Name: _____ Date of Birth: _____ Grade: _____

To be completed by PARENT or GUARDIAN (REQUIRED):

PERMISSION TO ADMINISTER MEDICATION

I, _____, authorize the school nurse, or designated person, to administer the medications listed below to my child.

Parent Signature: _____

To be completed by HEALTH CARE PROVIDER (REQUIRED):

MEDICATION ORDER

I, _____, MD/DO/NP/PA authorize the school nurse, or designated person, to administer the following to the above-named upon the request of the student with permission of the student's parent or guardian:

Over-the-counter medications listed below, as needed and as per package dosing and schedule recommendations, OR as ordered below.

Prescription medications as noted below with the Name, Dose, and Frequency.

Provider Signature: _____

Provider Name & Phone: _____

Prescription medication must be in the original pharmacy-labeled container with specific orders and name of medication.

Please return completed form to the Nurse's Office at The Adelson Campus, 9700 W. Hillpointe Road, Las Vegas, NV 89134, Fax: 702-255-7232