



LOWER MERION SCHOOL DISTRICT

Medication Administration Request and Consent Form - LM 28c

LM 28c is required for the administration of prescription medication, “over the counter” medication (OTC), and alternative/herbal supplements by LMSD Responsible Personnel.

For completion by Parent/Guardian

Name of student: _____ Date of Birth: _____
Last First

School: _____ Grade/HR: _____

In accordance with LMSD Policy 210, medication(s) should be given at home before or after school. When this is not possible, the parent/guardian and the Licensed Prescriber must complete the *Medication Administration Request and Consent Form (LM 28c)*. Medications must be provided to the school in the original pharmacy labeled container or original container for “over the counter” (OTC) medications and alternative/herbal supplements. Medication must be delivered and picked up by the parent/guardian or authorized student (aged 18 or older). Parents/Guardians are responsible for noting the expiration date of medication as listed on the medication label and providing a new prescription when medication has expired or has run out.

Special Note for Emergency Medications (Epipen®, “rescue” asthma inhaler, or diabetes medication): Parent/Guardian and Licensed Care Provider should first complete this form (LM 28c). In addition, Form LM 28d (*Consent to Carry Emergency Medication/Consent to Carry and Self-Administer Emergency Medication*) should also be completed if the student will carry the emergency medication or carry and self-administer the medication. Form LM 28d is not necessary if emergency medication will only be administered by Responsible Personnel and will not be carried or self-administered by the student.

I, _____ authorize the Responsible Personnel to administer the
Name of parent/guardian (print)

medication _____ as ordered by the licensed prescriber to
Print name of Medication

my child.

Signature of parent/guardian

Date

Daytime Phone number

List all medications (prescription and OTC) taken by student at home and at school

LM Form 28c

For Completion by Licensed Prescriber (Medication Order)

Special instructions for prescriber regarding orders for emergency medication such as epinephrine, “rescue” asthma inhalers, and medication for diabetes:

- 1) If you prescribe two doses of epinephrine for symptoms of anaphylaxis, please specify the time frame between doses. Only nursing staff may administer epinephrine that is not in the auto-injector form such as Epipen®/Epipen Jr®; therefore the second dose should also be in the form of an auto-injector (Epipen®/Epipen Jr®) instead of the Twinject® form.
- 2) If you believe that the student is competent to carry OR carry AND self-administer an epinephrine auto-injector (Epipen®, rescue asthma inhaler or medication for diabetes), please complete this form and also complete form LM 28d *Permission to Carry and Permission to Carry and Self-Administer Emergency Medication*.

Name of Student: _____ **DOB:** _____

Diagnosis for which medication is prescribed: _____

Name of Medication: _____

Dosage (mg/ml)/Route: _____

Time of administration/Frequency: _____

Possible side effects/adverse reactions: _____

Start Date: _____ **Discontinuation Date:** _____

Specific instructions regarding administration: _____

Other medications taken at home: _____

Allergies: _____

Printed name of Licensed Prescriber

Phone Number

Signature of Licensed Prescriber

Date