

Apple Afterschool Prescribed Medical Consent and administration

I, _____, (state relationship to child)

give my consent for _____ (print name of Apple Staff member or write "any Apple staff" to administer the following prescribed medication to my child, _____, (print name of student) and to contact my child's health care provider with any questions and/or concerns.

In addition, I certify that I have personally instructed the above-named Apple staff on how to administer the prescribed medication to my child following the written directions provided by my child's physician.

In signing below, I certify I have provided Apple Afterschool with written instructions from my child's physician, or from a health care provider working under the supervision of my child's physician (for example, a physician's assistant, nurse practitioner or registered nurse). *These instructions must include:*

- Specific directions for administering the medication in accordance with the physician's prescription.
Note: Please use Nebulizer Care/Verification Lic9166 for as needed inhaled and other such medicines
- Potential side effects and expected response.
- Dose form and amount to be administered in accordance with the physician's prescription.
- Actions to be taken in the event of side effects or incomplete treatment response in accordance with the physician's prescription. This includes actions to be taken in an emergency.
- Instructions for proper storage of the medication.
- The telephone number and address of the child's physician.

Signature of Parent/Guardian/Authorized Representative _____.

Address of Authorized Representative _____.

Home Telephone _____ Cell _____ Work _____.

Child's Physician _____, Physician's telephone _____.

Physician's Address _____.
