

PARENT/GUARDIAN MEDICATION CONSENT FORM

This original form is required for administration of any over-the-counter medication that your child requires while at school. We are unable to take phone or faxed permission. Please complete a separate form for EACH child.

Full name of child to be medicated: _____

(Please type or print legibly.)

Name of drug and dosage: _____

Hour(s) medication to be given: _____ Number of days: _____

Name of Student's Physician: _____ Phone: _____

Reason for medication: _____

Name of person(s) authorized to give medication during school hours _____

(to be completed by school principal or designated office staff)

My child has permission to self-administer the medication, but I request school staff monitor or assist my child when he/she administers medication on the following basis:

(indicate if not applicable)

I hereby give permission to the above named person(s) to give the medication(s) to my child according to the directions stated above the further authorize them to contact the child's physician, if necessary.

I agree to hold the school, its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of medication at school.

I agree to notify the school in writing at the termination of this request or when any changes in the above order is necessary.

Signature of Parent/Legal Guardian

Date

Address

Home Phone

Work Phone

Before the school or an agent thereof will administer a prescription drug(s) or medication(s), a PHYSICIAN ORDER FOR MEDICATION ADMINISTRATION shall be completed and returned to the school principal. This completed form shall be accompanied by the PARENT/GUARDIAN MEDICATION CONSENT FORM.

This form (Parent/Guardian Medication Consent) must also be completed for the administration of non-prescription (over-the-counter) drug(s) or medication(s), which do not require the Physician Order.

Please note: We can no longer provide over the counter medicine for your child. You must provide any over-the-counter medicine needed in the original container and labeled with your child's names.

Due to storage issues, we ask that families send only ONE, small-sized container of a medication type per family.