

CONSENT FOR GIVING PRESCRIPTION AND NON-PRESCRIPTION MEDICATION AT SCHOOL FORM

Please check here if non-prescription

Scholar name _____ Birthdate _____

For prescription medication, the physician must complete the information required below. Medication must be delivered to school in the original container with the label intact, and is to be given in the following manner:

Name of Medication: _____

Strength of Medication: _____

Amount to be Given: _____

Time of Administration at School: _____

Route of Administration (by mouth, etc.): _____

Comments and/or Instructions: _____

Reason for Medication: _____

Date Medication is to be discontinued: _____

Physician's Name: _____ Phone No: _____

(Please print)

Date: _____

Physician's Signature

I hereby request and give my consent for the person designated by the principal to administer the medication indicated above. I understand my child's medication is to be presented to a school representative by an adult. I will assume full responsibility for the supply, appropriate transportation and maintenance of prescription medication. I hereby give permission for the exchange of information regarding my child's medication.

Parent/Guardian Name: _____

(Please print)

Parent/Guardian Signature

Date

Parent/Guardian Home Phone Number

Parent/Guardian Work Phone Number

If any changes in medication or dosage occur, the school must be notified immediately, and a new form must be completed.