

## MEDICATION CONSENT FORM

Student \_\_\_\_\_  
 Address \_\_\_\_\_  
 School \_\_\_\_\_  
 Physician \_\_\_\_\_

Grade \_\_\_\_\_ Date \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Hospital/Clinic/ Office \_\_\_\_\_

I hereby give my permission to school personnel designated by the school principal to give medication to my child according to the written instructions of the physician and/or parent as shown below.

I also hereby agree to give my permission to the school principal/designee to contact the child's physician.

I further agree to hold the school and all employees harmless in any and all claims arising from the administration of this medication at school.

I agree to notify the school in writing at the termination of this request or when any change is necessary.  
**PLEASE NOTE ANY MEDICATION BROUGHT TO SCHOOL MUST BE IN AN ORIGINAL LABELED PHARMACY CONTAINER.**

Medication can not be administered without the required medical consent forms and original packaging.

### NON-PRESCRIPTION MEDICATION

Medication must be brought in its original container w/child's name written on the container. This also includes cough drops. The medication/cough drops and signed consent form should be given directly to the teacher.

Medication Name	Form	Dose	Approx. Time to be given	Term
_____	Tablet, Capsule, Pill, Liquid, Other	_____	_____	Long Short
_____	Tablet, Capsule, Pill, Liquid, Other	_____	_____	Long Short
_____	Tablet, Capsule, Pill, Liquid, Other	_____	_____	Long Short

Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### PRESCRIPTION MEDICATION

**This Form Must be Signed by You and Your Doctor.** (If your child needs an inhaler, epi-pen, insulin, or has a life threatening medical condition do not use this form. A more detailed health form is required.) Medication must be brought to school in its original container. Your pharmacy can give you a duplicate container one for home & one for school if medication is to be kept at school. The medication and this signed consent form should be given directly to your child's teacher or brought to the school office.

Medication Name	Form	Dose	Approx. Time to be given	Term
_____	Tablet, Capsule, Liquid, Other	_____	_____	Long Short
_____	Tablet, Capsule, Liquid, Other	_____	_____	Long Short
_____	Tablet, Capsule, Liquid, Other	_____	_____	Long Short

Side Effects/Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ DATE: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_