

WRITTEN PARENT / GUARDIAN CONSENT
FOR MEDICATION ADMINISTRATION

Student's Name _____ Date of Birth _____ Teacher _____

Parent / Guardians name _____ Home phone () _____
(Please Print) Cell phone () _____

Emergency phone (where to reach you in case of emergency) () _____

Other person, if any, to be notified in case of emergency if parent / guardian is unavailable:

name _____ Phone _____

relationship to student _____

- ◇ I give permission to have the school nurse or school personnel designated by the school nurse give the following medicine _____

(Name of Medication)

(Dose to be given)

frequency _____ time _____ Date to start _____ Date to stop _____

(time to be given at school)

prescribed by _____ for _____

(Licensed Prescriber)

(Students Name)

- ◇ My child is known to have the following allergies _____

- ◇ My child is currently receiving the following medications* (please list **ALL** medications and dosage including those given in school.)

1 _____ 2 _____ 3 _____ 4 _____

- ◇ I give permission to the school nurse to share with the licensed prescriber information relative to the prescribed medication administration, e.g. effectiveness, adverse side effects, as she / he determines necessary for my child's health and safety.

- ◇ I give permission to the school nurse to share with appropriate school personnel information relative to the prescribed medication administration *, e.g., adverse side effects, as she/he determines necessary for my child's health and safety.

I give permission for my son/daughter to self-administer medication, if the school nurse determines it is safe and appropriate. _____ Yes _____ No

(Please note: I understand that I may retrieve the medicine from school at any time and that the medicine will be destroyed if it is not picked up within one week following termination of the order or by the last day of school.)

I understand that if my child's class has a field trip or over night class trip the teacher will be responsible to administer the medication.

Signature of Parent / Guardian _____

Relationship to Student _____ Date _____

* if not in violation of confidentiality