

**Prescription Medication Consent Form
Completed by Parent**

Please respond to every item on this form. Complete this form if your child is currently taking medication during the school day. This statement must be on file with the school nurse in order for your child to be allowed to receive the drug. The medication must be brought to the school in the original, pharmacy labeled container. The container shall display: child's name, prescription number, medication name and dosage, administration route or other directions, date, licensed prescriber's name, pharmacy name, address, and phone number.

Student Information

Student's Name _____ Date of Birth _____

Address _____ Phone _____

Parent Name _____ Cell phone _____

Additional emergency phone number _____

Parent /Guardian Statement

Name of Drug _____ Dosage _____

Date to start _____ Date to end _____

Amount and times at school medicine is to be administered _____

Reason for taking medicine _____

Does this medication *absolutely* need to taken during school hours? Yes _____ No _____

If yes, please explain _____

Special instructions for storage and handling _____

Are there any OTC (over the counter) medicines which should not be taken when taking the prescribed medicine? _____

During school hours, the school nurse or individual designated by the school nurse has my permission to assist in the self-administration or administration of medicine prescribed for _____.

I understand that all medications provided to the school for use must be in a container labeled by the pharmacist. Instructions for the administration of the medication must agree with the instructions given on this consent form. Any changes made in the administration of this medicine will require written authorization from the licensed prescriber and parent.

Parent/Guardian Signature _____ Date _____