

MEDICATION CONSENT FORM

Student Name: _____

Date of Birth: _____

Parent(s) Names: _____

Grade Level/Teacher: _____

In event that your child becomes ill or needs medication provided at school (prescription medication and/or over-the-counter medications such as Tylenol, cough medicine, cough drops, etc.), please sign below giving your consent that your child may be given medications as necessary. **Absolutely no medication will be administered to a student without written medication orders from a parent or physician.**

- **Prescription Medication:** All prescribed medications continue to need to be brought to school in a legible pharmacy labeled container, with specific instructions for correct dosage.
- **Over-The-Counter Medication:** Parents must supply the student's over-the counter medication in its original manufacturer's packaging with ingredients and recommended therapeutic dose listed with their student's name written on it. Students cannot carry these on their person or in their backpack---they must be turned into the office for dispensing with this accompanying parent medication consent form completed.

All unused medication must be picked up at school by parent in the school office. Any medication not picked up by the last day of school will be disposed of by school personnel.

Any student who is in need of carrying an inhaler or Epi-pen must have a separate form signed by licensed prescriber/physician signature (ask at school office for this form).

Prescription Medications				Make contact with parent for the following reasons:
Medication Name	Dose	Frequency/Time	Duration	
			From: To:	
			From: To:	
			From: To:	

Over The Counter Medications – PRN (as needed)				Specific condition under which medication should be given:
Medication Name	Dose	Frequency/Time	Duration	

Parent / Guardian Signature: _____ Date: _____