

PARENT'S CONSENT FOR GIVING MEDICATION AT SCHOOL

I hereby request and give my consent for the school nurse or person designated by the administrator to see that my child,

Receives the medication prescribed by _____

For the period from _____ to _____

The medication is to be furnished by me in the original container and is to be labeled with and given in the following manner.

1. Name of medicine and prescription number _____
2. Route of administration (by mouth, etc.) _____
3. Amount to be given _____
4. Time of day to be taken _____
5. Expected duration of treatment _____
6. Physician's name (Must be on the label.) _____
7. Reason for medication _____

Signature (Parent/Guardian)

Date

Teacher

Room Number

Comments by school nurse:

THE SCHOOL MUST BE NOTIFIED IMMEDIATELY OF ANY CHANGE IN MEDICATION.