

Code No. 507-02E2

**PARENTAL AUTHORIZATION AND CONSENT FORM FOR THE
ADMINISTRATION OF MEDICATIONS TO STUDENTS**

I hereby request that my child, _____ Birth date: _____ be permitted to receive the medication prescribed by _____ .
Prescriber's phone number is: _____ .

Child's Diagnosis: _____

Name of Medication: _____

Dosage: _____ Time and date to be given: _____

Special Instructions: _____

The medication is to be furnished by parent/guardian and is to be correctly labeled in the original container from the pharmacy or manufacturer. The prescription label should include the child's name, name of the medicine, the amount to be given, time of day to be taken, date, and the prescriber's name. If any of the above information changes, the parent/guardian needs to submit a revised statement from the prescribing health care provider.

Date: _____ Signature: _____

Parent or Guardian

Home telephone number: _____ Work telephone number: _____

Notes:

1. Only medications which dosage schedules cannot be adjusted for before or after school hours should be given during the school day.
2. Only medications prescribed by an authorized health care provider will be given in school. This means medicines such as headache, stomach, cold, or cough remedies will not be given without a written order from an authorized health care provider.
* Exception to the above: Secondary students (grade 6 -12th) may be given Acetaminophen 325 – 650mg orally every four to six hours or Ibuprofen 200 - 400mg orally every four to six hours at school with parental permission. If a student requires the above medication more than five times during a school year, a written order from an authorized health care provider will be required for additional doses. Cough drops and antacid (Tums/Roloids) may be given to secondary level students with parental permission only.
3. Medications need to be delivered to and picked-up from school by the parent/guardian or an adult designated by the parent/guardian and need to come in the original prescription bottle or manufacturer packaging.
4. Please call the school nurse whenever you have questions about medications.

School Nurse Signature

Date

Approved: 06/16/2016
Reviewed: 05/19/2016
Revised: 05/12/2016