

PARENT'S CONSENT FOR GIVING MEDICATION AT SCHOOL

Name of School: _____ School Year: 20__ - 20__

I hereby request and give my consent for the school nurse or person designated by the administrator to see that my child is given the medication indicated below. The medication will be furnished by me in the original container, labeled with the child's name; has a written order or prescription label from my medical provider; and is to be given as follows:

- 1. Name of child _____
- 2. Medication name & Rx #: Acetamenophen or Ibuprophen/cough qts/ Saline eye wash
- 3. Route of administration as per "Guidelines"
- 4. Amount to be given as per "Guidelines"
- 5. Time of day to be given during school hours
- 6. Expected duration of treatment: From Aug. 2009 to June 2010
- 7. Medical Provider's name (on label or written order.) RHD - Dr. MacDonald.
- 8. Reason for medication _____
- 9. Possible side effects _____

Signature (Parent/Guardian) _____ Date _____
Teacher _____ Grade & Room No. _____

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

Additional Comments by Nurse: _____

Medication Count/Lot #/Exp.Date/Initials & Date: (For health office use)
