



## Parental Consent for Administering Medication for 10 School Days or Less\*

**Please Note:**

- All medication **must** be brought to the school office by a parent.
- Non-prescription medication must be brought in a sealed, unopened, original manufacturer's package (this includes items such as cough drops).
- Parents may send a non-prescription medication **one time** during the school year.
- Prescription medication cannot be expired and must be in the **original bottle/package** (with the pharmacy label).
- All prescription medications shall have been prescribed by a physician licensed to practice medicine in the United States
- **\*After 10 days a doctor's note is required for prescription and non-prescription medications.**

**Please note:** *Vitamins and herbal remedies are not dispensed at school, nor may they be carried by a student.*

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

Grade \_\_\_\_\_ Home room Teacher \_\_\_\_\_

### Parental Consent

I am the parent or guardian of \_\_\_\_\_.

I give my permission for him/her to take the following medication while in school, according to school policy:

Name of medication: \_\_\_\_\_

Amount to be given: \_\_\_\_\_ Time to be given \_\_\_\_\_

Start date: \_\_\_\_\_ Stop date: \_\_\_\_\_

Reason medication being given: \_\_\_\_\_

Printed name of parent/guardian \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Alternate phone#: \_\_\_\_\_

### For Office Use Only:

Amount of medication received \_\_\_\_\_

Form Expiration Date: \_\_\_\_\_