Consent for Administering a Medication During School Hours

Part A. Parental Permission (to be filled out by the parent/guardian for over-the- counter medications only)

I hereby give my permission for my child, _____ to receive the medication as listed below during school hours. I understand that the school shall incur no liability for the administration of such medication. A licensed physician has prescribed this medication. I am bringing the medication in its original container or one appropriately labeled by a pharmacist or physician. I understand that for over-the-counter medications, I must complete Part A of this form. I hereby release the School and it's employees from any and all liability that my result from my child's taking the below named medication/s.

_____   _____   _____
Signature of Parent/Guardian   Phone Number   Date

Part B. Physician's Authorization (to be filled out by a physician for prescribed medications only)

In order to keep this child in optimum health and to help maintain maximum school attendance and performance; it is necessary that the following medication be given at school. I am bringing the medication in its original container or one appropriately labeled by a pharmacist or physician. I understand that for prescribed medications that a physician must complete this form.

_____   _____
Name of Medication / Strength   Classification (i.e. antibiotics, etc.)

Medication is: _____Chewable tablet   _____Swallow tablet/capsule_____ Liquid
               _____Nasal inhaler   _____ Oral inhaler   _____ other _____

Dosage: _____ Time to be given at school: _____

Date to discontinue: (if applicable) _____

Relationship to meals: _____Before meal _____With meal _____After meal _____Not applicable

If medication is on a PRN (as needed) schedule, describe how person-administering medication is to determine when the drug is needed: _____

Expected/predictable Side Effects: _____

Any other specific directions or helpful information: _____

_____   _____   _____
Physician's Signature   Phone Number   Date