



Consent To Administer Prescription Medication In School

In order for prescription medications to be administered to a student during school hours, this form needs to be completed by the student's parent or legal guardian. Prescription medication requires a valid prescription signed by the physician and the medication needs to be provided to the school by the parent in its original packaging from the pharmacy. Please specify administration instructions below as it is written on the prescription. Please sign and return this form to the school office.

Name of Child: _____ Date of Birth: _____ Grade: _____

Allergies: _____ Medical Conditions: _____

1) Name of Medication: _____ Dosage: _____ Frequency: _____

Reason for Medication: _____ Special Instructions: _____

2) Name of Medication: _____ Dosage: _____ Frequency: _____

Reason for Medication: _____ Special Instructions: _____

3) Name of Medication: _____ Dosage: _____ Frequency: _____

Reason for Medication: _____ Special Instructions: _____

I hereby give my permission for my student _____ to take the above prescription medication(s) at school as per the physician's orders. I understand that I may revoke this consent at any time in writing. I further understand that the school or any school employee who administers medications to my child in accordance with the physician's written instructions on the prescription shall not be held liable for any adverse drug reaction suffered by the student.

Parent/Guardian Signature: _____ Date: _____