

**YOUR SCHOOL DISTRICT**  
 PARENTAL CONSENT FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL

STUDENT INFORMATION:			
Student Name: _____		DOB: _____	
Building: _____		Grade: _____	YOG: _____
Parent Name: _____			
Daytime Phone #: _____		Alternate #: _____	
List student's allergies: _____			
List other medication student is taking: _____			
MEDICATION INFORMATION:			
1. Name of Medicine: _____			
2. Dose: _____		Time(s) to be given: _____	
3. Route: <input type="checkbox"/> Orally <input type="checkbox"/> Inhaled <input type="checkbox"/> Injected <input type="checkbox"/> Other: _____			
4. Start Date: _____		End Date: _____	
PARENTAL CONSENT:			
1. I give permission for my child to self-administer the medicine if the school nurse determines it is safe and appropriate: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*PLEASE NOTE: STUDENTS ARE NOT ALLOWED TO SELF-ADMINISTER CONTROLLED SUBSTANCES (I.E. RITALIN, ETC.)*</small>			
2. I give the nurse permission to share with the appropriate school personnel information relative to the prescribed medicine administration (such as side effects) as she determines necessary for my child's health and safety: <input type="checkbox"/> Yes <input type="checkbox"/> No    Any restrictions? Please list: _____			
3. Do you want this medicine given on half days? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. When appropriate, can this medicine be given to your child by designated school personnel, while participating on a field trip? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. I give permission to the nurse or her designee to give the above named child this medication: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date: _____		Parent/guardian Signature: _____	
Printed Name: _____		Relationship: _____	
<i>Remember to pick up the medication upon completion. All medicines remaining in the nurse's office will be discarded on the last day of school at the end of the school year.</i>			
<b>Please return this form to:</b> (building, nurse's name, phone, fax)			