



2018-2019

**PARENTAL CONSENT FOR GIVING PRESCRIPTION
MEDICATION AT SCHOOL**

I hereby request and give my consent for the health aide or person designated by the Administration to see that my child, _____ receives the medication _____ for the period from _____ to _____.

The medication is to be furnished by me in the original container and is to be labeled in the following manner:

1. Name of medication and prescription number _____
2. Route of administration (by mouth, etc.) _____
3. Amount and time to be given _____
4. Expected duration of treatment _____
5. Indication (reason) for medication _____
6. Prescribe's name (Shall be on the label) _____
7. Indication (reason) for medication _____

Signature of Parent/Guardian

Date

Comments by Health Aide: _____

SCHOOL MUST BE NOTIFIED IMMEDIATELY OF ANY CHANGE IN MEDICATION.