



Students who need to take prescription medication OR non-prescription/over-the-counter medication *during the school day* **MUST** have a completed medication form signed by their parent/guardian on file AND have left the approved medication in the school office/secured health area. The previously approved medications will be dispensed as directed by the parent/guardian in the office. We do not have spare/unapproved medication to give to your child.

STUDENT Name: \_\_\_\_\_ GRADE \_\_\_\_\_

-I understand that by signing this form, I give permission and consent to the properly trained/designated administrative office staff or educator to assist my child in the administration of the medication listed below.

- If my child has a clinical health condition (e.g., severe food allergies, asthma, diabetes, or seizures), I am responsible for submitting a Care Plan which stipulates special needs prior to the first day of school.

Signed by (Parent/Guardian) \_\_\_\_\_ DATE \_\_\_\_\_

SPECIAL

INSTRUCTIONS: \_\_\_\_\_

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**TYPE** of medication (Name): \_\_\_\_\_

**Amount** of medication (Dosage): \_\_\_\_\_

**Time of day** to be administered: \_\_\_\_\_

**Duration** of use: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_

DR. Office Phone : \_\_\_\_\_

**Special instructions** for storing medication: \_\_\_\_\_

**Instructions for aftercare** of child once medication is taken: \_\_\_\_\_

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