

Student Name:

Forms Manual F<sub>5-23</sub>

Grado:

## **Medication – Parent Consent Form**

If your child has a medical condition that the school staff should be aware of, please complete the following information.

Medication should be brought to school appropriately labeled by the pharmacy and <u>in the original prescription container</u> accompanied by written side effects and emergency procedures. No medication may be administered if the date has expired, if the container label is missing or cannot be clearly read, or if more than one type of medication is in the bottle. Bubble packs are preferred and must be labeled and provide the same information as above.

Medication should be brought to school by the parent, not the student. The student should wear medical alert identification (i.e. bracelet) if he/she requires medication on a long-term basis or has a chronic condition.

If your child is required to take medication at school, please fill in the appropriate areas. Prescribed medication or over the counter drugs will be administered through the school office. All medication will be kept in a locked area.

Otadoni Hamo.	Orado:
Parent/Legal Guardian Name: _	
Home Telephone Number:	Work Telephone Number:
Alternate Emergency Contact:	Name:
	Telephone Number:
Please include the name of othe to know about in case of an em	er medication taken at home that medical personnel need ergency.
Other medication taken at home	ə:
myself and/or my child in case	guardian hereby waive all rights of action on behalf of of any cause of action that may arise as a result of the with my request for administering medication.
Parent/Guardian Signature	 Date

Form 5-23 Received June 24, 2009 Page 1 of 2



Forms Manual F<sub>5-23</sub>

Please fill in the following if your child has a condition that needs to be monitored:					
Condition: Allergies, asthma, seizure disorder, etc.					
Symptoms to watch for:					
	Medication #1	Medication #2	Medication #3	Medication #4	
	☐ Administer	<ul><li>☐ Administer</li><li>☐ Monitor</li></ul>	<ul><li>□ Administer</li><li>□ Monitor</li></ul>	☐ Administer	
Received medication	☐ Monitor		☐ Monitor	☐ Monitor	
in original container	□ Yes	□ Yes	□ Yes	□ Yes	
Medication					
Information sheets	□ Yes	□ Yes	□ Yes	□ Yes	
provided					
Name of medication					
Desired effect(s) of					
medication					
Plan of action in					
response to side					
effect(s) event					
Dose of Medication					
Davida of					
Route of administration					
Time(s) medication o					
be given at school					
Start date of					
medication					
Finish or review date					
of medication Location of					
medication					
administration					
/monitoring					
Name of staff person					
to administer/					
monitor medication  Name of alternative					
staff to administer/					
monitor medication					
Special Instructions					
(please attach					
pharmacy printout)					