

East Buchanan Community School District

Medication Consent Form

For Prescription and Non-prescription Medications

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication (name): \_\_\_\_\_ Strength: \_\_\_\_\_

Dosage to be given each time: \_\_\_\_\_

Time(s) medication should be given at school: \_\_\_\_\_

The above medication should be given until: \_\_\_\_\_

Reason medication is given: \_\_\_\_\_

Name of prescribing provider: \_\_\_\_\_

On late start days: I will give the medication at home \_\_\_\_\_

Please give medication at school \_\_\_\_\_

Early dismissal days: I would like medication given at school \_\_\_\_\_

Child will take medication at home \_\_\_\_\_

Any special instructions: \_\_\_\_\_

For example: Medication needs to be crushed, give with food that is provided, takes whole in applesauce, etc...

Directions for storage: Needs refrigeration \_\_\_\_\_ Store at room temperature \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian) authorize the school nurse or certified personnel at East Buchanan Community School to administer the medication to my child as indicated above.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

\*A permission form must be on file for each medication given.

\*Forms must be renewed annually and updated as changes occur.

\*Medications must be sent to school in their original container. Do not send medications in zip-loc bags or envelopes. Improperly labeled medications will not be given.

\*Medications need to be brought to school and picked up by a parent or guardian.