

PARENT'S CONSENT FOR MEDICATION AT SCHOOL

I hereby request and give my consent for the Sequoia Village School Principal, or person designated by the Principal, to see that my child receives the prescription or over the counter medication as instructed below.

Student's Name _____
Date of Birth

School Teacher Grade

The medication is to be furnished by me in the **ORIGINAL CONTAINER**, and is to be labeled with and given in the following manner (ask your pharmacist to provide a separate labeled prescription container for school).

Name of Medication _____

Pharmacy and prescription number _____

Method of administration (by mouth, etc.) _____

Amount to be given _____ Number of Pills in Container _____

Time of day to be taken _____

For the period from _____ to _____

Physician's name (must be on label) _____ Phone _____

Reason for medication _____

Signature (Parent/Guardian) _____
Date

**** ACCORDING TO THE ARIZONA DEPARTMENT OF HEALTH, CHILDREN CAN NOT CARRY MEDICATION TO SCHOOL. MEDICATION MUST ALWAYS BE BROUGHT IN BY A PARENT/GUARDIAN TO HEALTH OFFICE.**

NOTIFY THE SCHOOL IMMEDIATELY OF CHANGES IN MEDICATION

OFFICE USE

_____ Pills Counted with Parent Number of Pills _____

Health Assistant's Signature _____
Date

Comments by School Health Assistant: _____

