



Medication Consent Form

Student Name: _____ Grade: _____ Date of Birth: _____

I, _____, give permission to the school to administer
(parent/guardian)

(Please initial after each dosage or medication to be administered)

Acetaminophen 160 mg _____ 325 mg _____

Dispensed for general use for mild pain or fever (102 degrees or above when parent cannot be reached). It may also be dispensed for functional menstrual pain and relief of minor headache. Dosage is as directed on bottle according to age and weight of child.

Exceptions:

First Aide Cream (minor cuts / scrapes) _____
Anti Itch Cream (minor rash / insect bite) _____

Exceptions:

Prescription Medication (To be filled out only if student is on routine medication)

_____ of _____ RX# _____
(dose) (name of medication)

at _____ for _____
(time / frequency) (reason for medication)

POSSIBLE SIDE EFFECTS TO WATCH FOR WITH THIS MEDICATION:

Important Note: Prescription medications must be in the original container with a prescription label, child's name, dosage, name of drug, frequency of administration and must be consistent with this authorization. Any over the counter medications provided specifically for a child must be current. If the school needs to administer prescription medication at any time during the year, the parent / guardian must bring the medication to the school office. **We will not administer medications of any kind without the consent form completely filled out and signed.**



Parent or Guardian Printed Name Signature Date