

**STUDENT MEDICATION INFORMATION
AND
CONSENT FORM**

I have read and understand the medication policies as indicated on the reverse side.

Please administer to my child, _____ the prescription medication(s) written below. The label affixed to the medication bottle/package will meet the requirement for the physician's written order.

AND/OR

Please administer to my child _____, the over-the-counter medication(s) as described below.

(REMINDER—prescription and over-the-counter medications must be kept in the original container with the pharmacy or brand label affixed).

MEDICATION	Dosage (mg. and # of tabs)	Time to be given	Time medication is to be discontinued	Reason for medication	Precautions Side Effects
1.					
2.					
3.					
4.					

Parent/Guardian Signature

Date