

(Policy 5151.01)

Moscow School District 281

Medication Consent Form

Student's Name _____ Age _____

Grade _____ Teacher _____

Name of Medication _____

Dosage _____ Time _____

When it is necessary for medication to be given during school hours, the following regulations must be followed:

- 1. Medication must be brought to school in the original container with appropriate label intact. If medication is not properly labeled, it will not be given.
- 2. Parent/guardian must sign this form granting permission for the designated school personnel to administer medication.

Designated school personnel have my permission to administer the above medication to my child as prescribed by Dr. _____ for the purpose of treating _____ . I give my permission for the School Nurse to contact the Physician/Dentist, if necessary, regarding the medication.

- _____ Student will be responsible for bringing his/her medication to school.
- _____ Parent/Guardian will bring medication to school.

_____	_____	_____
Signature of Parent/Guardian	Date	Daytime Phone Number

Email address: _____

Additional Medication(s) Taken at Home:

Name of medication, dose, and time taken:

