

Wauzeka-Steuben School Medication Consent Form

Student's Name

Date of Birth

Grade

School Year or Effective Date

Allergies

CONSENT FOR NON- PRESCRIPTION MEDICATION

NOTE For non-prescription medication: Signed Parent Consent required.

Medication

Dosage

Reason for Medication to be given

Medication

Dosage

Reason for Medication to be given

Medication

Dosage

Reason for Medication to be given

By signing below, I give school personnel permission to administer the above indicated non- prescription medication to my child. I give permission for necessary information related to my child's condition to be shared with the school nurse. The nonprescription drug product will be supplied by the student's parent or guardian in the original manufacturer's package, and the package lists the ingredients and recommended therapeutic dose in a legible format. If I would like a dosage other than the recommended therapeutic dose, the request must be accompanied by the written approval of the student's doctor or practitioner (see below).

Date

Parent/Guardian Signature

If you want a dosage other than the recommended therapeutic dose, the request MUST be accompanied by written approval of the student's doctor or practitioner.

Reason for Medication/ Diagnosis

Possible side effects or precautions

Additional Information:

Date

Physician's Signature

Telephone