

MEDICATION CONSENT

(Daily or As Needed Basis)

In order for a prescribed medication to be given at The Gordon School, this form must be signed by the parent/guardian and completed by the student's physician.

I understand that the medication(s) will need to be in the original prescription container. I authorize that my child be given the following medication at school as directed by the physician.

Signature of Parent/Guardian

Date

PHYSICIAN'S ORDERS

I give permission for the following medication to be administered to the student named below, during the 2020-2021 school year.

Student Name: _____

D.O.B.: _____

Name of Medication: _____

Dosage of medication: _____

Route of administration: _____

Time to be given: _____

Reason for Medication: _____

Possible Side Effects: _____

Duration to be given: _____

____ This order is also applicable to any school sponsored field trips.

Physician Signature

Date