



PARENTS CONSENT FOR GIVING MEDICATION AT SCHOOL

Liberty
623-327-2819 Fax
623-327-2815 Health Office

Estrella Mountain
623-327-2829 Fax
623-327-2825 Health Office

Rainbow Valley
623-327-2839 Fax
623-327-2835 Health Office

Westar
623-327-2849 Fax
623-327-2845 Health Office

Freedom
623-327-2859 Fax
623-327-2855 Health Office

Las Brisas
623-327-2869 Fax
623-327-2865 Health Office

Student Name _____ **School** _____

Teacher _____ **Grade** _____

Medication _____ **Dose** _____

Diagnosis(Reason for Medication) _____

Time to be given _____ a.m. Time to be given _____ p.m.

Dates from _____ to _____

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage, and time to be given. **A signed physician order to give prescription medications is also required.** An over-the-counter medication must be in the original packaging, with all directions, dosages, compound contents, and proportions clearly marked. Student misuse of medication being self-administered may result in seizure and disciplinary action.

Amount of medication received from parent _____ Parent's initials _____

Signature of parent/guardian Date

A signed physician's statement indicating the necessity must accompany any request for self-administration of medicine, whether it is prescription or over-the-counter medicine except in the case of medication for diagnosed anaphylaxis and breathing disorders requiring handheld inhaler devices. In these cases the student's name on the prescription label is sufficient for the physician's recommendation.

THE SCHOOL MUST BE NOTIFIED IMMEDIATELY OF ANY CHANGE IN MEDICATION.