MILFORD SCHOOL DISTRICT
MEDICATION CONSENT FORM

Note: parents are requested to give medications at home and on a schedule other than during school hours. If it is necessary that a medication be given during school hours, the following procedures must be followed:

Prescription Medications must be ordered by a physician, dentist, or optometrist and permission granted to the school nurse to contact he prescribing person if necessary.

Prescription medications:

- Bring this form and the medication to your child's school nurse
- If you are unable to bring this medication and form, please send the medication and this form, to the school nurse with a responsible adult
- Count the pills/tablets and if the medication is a liquid, estimate the amount of liquid in the bottle

Number of tablets/pills _____ **Amount of liquid medication** _____

Physician's Name:_____**Phone Number:** _____

Non-prescription medications, brought from home, may be given by the school nurse with parental permission.

Medications must be in the original container only with the appropriate label intact. All medications are to be kept in the school nurse's office in a locked cabinet, in their original container or in the prescription bottle.

Procedure for partial days:

One Hour Delay: Morning medications and subsequent medication will be given one hour later then the regularly scheduled time. Medications given at lunchtime only (or later) will be given at the regularly scheduled time. If given at home, please notify the school nurse.

Two Hour Delay: Parent/Guardian should give the morning medications at home. Medications that are given after 10:30 will be given as scheduled, at school.

Early Dismissal: Students who normally receive medication after the early dismissal time will not be given medication at school. Medications should be given by the parent/ guardian as prescribed by the doctor.

A parent or guardian must sign this form, giving the nurse permission to administer the medication, according to these procedures.

The School Nurse has my permission to give the following medication to my child,

_____, for the purpose of treating,
(student's name)

_____, and the nurse may contact my child's physician, dentist or optometrist
(illness or diagnosis)

Regarding this medication as needed.

Name of Medication: _____

Dose to be Given: _____

Time to be Given: _____

Signature of parent/guardian: _____Date: _____

Parent Phone Number: _____Student's Known allergies: _____