



**MEDICATION CONSENT FORM**

**THIS SECTION IS TO BE COMPLETED BY THE PARENT/GUARDIAN:**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (Home): \_\_\_\_\_  
City: \_\_\_\_\_ Phone (Other): \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Time to Give Medication: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

I agree with the medication requested above and will be responsible for the following:

- Delivery of medication in a pharmacy-labeled container or original manufacturer's container to the school office
- Maintain a sufficient supply of medication
- Keep school personnel informed of changes in the dosage or time that medications are to be given
- Obtain a new form from the doctor for any changes in this medication

In the event more information is needed regarding this medication or its administration, I authorize school personnel to contact the student's physician.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

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**Physician portion only needs to be completed for prescription medications or for over the counter medications that do not follow the directions provided on the container**

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**THIS SECTION TO BE COMPLETED BY THE PHYSICIAN:**

Please administer \_\_\_\_\_ the following medication at school.  
(Student's Name)

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

**Administer Medication:**

- At the following times: \_\_\_\_\_
- As needed for \_\_\_\_\_, but no more frequently than every \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

**Inhalers:**

- May carry on their person. This student has been instructed in the proper use of this medication and is sufficiently responsible to self-administer.
- May not carry inhaler on their person

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Mission: To serve our community by educating every child.**



## **FORMA DE AUTORIZACIÓN PARA MEDICAMENTOS**

### **ESTA SECCIÓN DEBE LLENARLA EL PADRE, MADRE O TUTOR LEGAL:**

Nombre del estudiante: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_  
Domicilio: \_\_\_\_\_ Teléfono (hogar): \_\_\_\_\_  
Ciudad: \_\_\_\_\_ Teléfono (otro): \_\_\_\_\_  
Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_  
Nombre del medicamento: \_\_\_\_\_ Dosis: \_\_\_\_\_  
Horario para administrar el medicamento: \_\_\_\_\_ Instrucciones especiales: \_\_\_\_\_

Estoy de acuerdo con el medicamento indicado arriba y seré responsable de lo siguiente:

- Entregar a la oficina de la escuela el medicamento en el envase original del fabricante o un envase con etiqueta de la farmacia.
- Mantener el suministro suficiente del medicamento.
- Mantener informado al personal de la escuela sobre los cambios en la dosis u horario para administrarlos.
- Obtener un nuevo formulario del médico para cualquier cambio en este medicamento.

En el caso de que se necesite más información sobre este medicamento o su administración, autorizo al personal de la escuela a comunicarse con el médico del estudiante.

Firma del padre/madre/tutor el estudiante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Número telefónico: \_\_\_\_\_ Teléfono alternativo: \_\_\_\_\_

**La sección del médico solo debe llenarse para medicamentos recetados o para medicamentos sin receta que no siguen las instrucciones provistas en el envase.**

### **THIS SECTION TO BE COMPLETED BY THE PHYSICIAN:**

Please administer \_\_\_\_\_ the following medication at school:

(Student's Name)

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

#### **Administer Medication:**

- At the following times: \_\_\_\_\_
- As needed for: \_\_\_\_\_, but no more frequently than every \_\_\_\_\_

Special Instructions: \_\_\_\_\_

#### **Inhalers:**

- May carry on their person. This student has been instructed in the proper use of this medication and is sufficiently responsible to self-administer.
- May not carry inhaler on their person.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Physician Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Misión: Servir a nuestra comunidad educando a cada niño.**