



WAYNE COUNTY SCHOOL DISTRICT



Prescription Medication Parental/Physician Consent Form

Dear Parent/Guardian,

According to the Wayne County School District policy on Student Medication, all medications that are administered to students during school hours must be housed in the office. Prescription medication must be in the original container with a pharmacy label for that student. Medication will not be administered per telephone notification.

The school must be provided the following information for any prescription medication to be administered:

Student's Name _____ Date of Birth _____

School _____ Teacher/Grade: _____

Type of Illness or Injury _____

Name of Medication _____

Dosage _____ Route _____ Time(s) to be Administered _____

**NOTE School designee will provide assistance for the child with self-administration of the above medication. If the medication is to be administered more than once during the day, please list all times to be administered.*

I, _____, authorize the school principal, or his/her
Parent/Guardian Signature

designee, to dispense the above prescription medication to _____,
Name of Student

my child, according to the above stated instructions.

Date