

Consent For Giving Over The Counter Medication - Health Service Department

Parent/Guardian Consent For Giving Over The Counter Medication And/Or Short Term Antibiotics (10 Days Or Less Prescribed By A Doctor) At School

I give my consent for the school Nurse, Health Assistant, or designated personnel to administer the following medication. All medication will be furnished by me in the original container and not have expired. Doctor's permission is needed for any OTC medication given more than 3 days in a row. Short term antibiotics must have a pharmacy label clearly legible with all pertinent information included.

Student's Name

Age

Grade

Teacher

Room

Medication

Dosage

Route

Time of day to be given

Duration

Doctor's Name

Phone

Reason for medication

I authorize the physician to speak with the RN/District Nurse regarding my child and this medication.

Do ____ Do Not ____ specifically consent to transmission of my child's medical records via fax

Signature of Parent or Guardian

Date

Comments by the Nurse/HA



43371 N. Kenworthy Rd.
San Tan Valley, AZ 85140
(480) 987-5300 | info@jocombs.org