Providence Academy
School Health Services

Medication Parental Consent Form

Medications must be delivered to and picked up from the school office by the parent or guardian. This form must be completed entirely.

(check one)

☐ **Non-Prescription Medication**

The medication must be in the original packaging and labeled with the student's name. The medication will be administered according to the manufacturer's instructions.

☐ **Prescription Medication***

The medication cannot be given by school personnel unless it is in the original pharmacy labeled container.

*** For EpiPens, complete the "Severe Allergy Response Plan" form**

*** For Inhalers, complete the "Asthma Action Plan" form**

_____ _____

Student's Name Date

Name of medication _____

Amount to be given _____

Route of administration _____

Time of day to be given _____

Date started _____

Discontinuation date _____

Diagnosis or reason for medication _____

Medication expiration date** _____

** Expired medication will not be administered for any reason.

Your signature verifies that your child can self-administer his/her medication. School personnel will measure the appropriate dose.

_____

Parent's/Guardian's Signature