□ Stored in clinic

□ Self-Carry

Stored in Refrigerator

			Em Alle	ergency C ergies:	Contact#:			
(Student	name-	grade-		teache	_is to receiv er)	e the follo	wing	
Medicatio	n at school( <b>one</b>	e med per cor	isent for	m)				
My child	must receive th	is medicatio	n during	school ho	ours for the f	ollowing r	easons:	
Possible s Special ir	side effects:							
Date to begin:Date to end (stop):Amount to be given:How often:Time to be given:How often:								
	uardian Name:( uardian signatu							
	cribed medication, to	o be administere	ed at schoo	d. must be re	actived in the order	simpl contains		
student guardia	cribed medication to 's parent, legal guar	be administered dian or another	d at school adult who	l, must be de presents wri	livered to school tten authorizatio	and retrieved n from the st	d from school udent's paren	
student guardia	cribed medication to 's parent, legal guar n.	be administered dian or another	d at school adult who	l, must be de presents wri It prior autho	livered to school tten authorizatio	and retrieved n from the st	d from school udent's paren e.	
student guardia • Over th	cribed medication to 's parent, legal guar n. e counter medication	be administere dian or another ns will not be giv	d at school adult who /en withou	l, must be de presents wri it prior autho ed Me	livered to school tten authorizatio rization from the	and retrieved n from the st school nurse	d from school udent's paren e. ion	
student guardia • Over th	cribed medication to 's parent, legal guar n. e counter medication Amount Dropped	be administered dian or another ns will not be giv Received	d at school adult who ven withou Receiv	l, must be de presents wri it prior autho ed Me	livered to school tten authorizatio rization from the edication	and retrieved n from the st school nurse Prescript	d from school udent's paren e. ion	
student guardia • Over th Date	cribed medication to 's parent, legal guar n. e counter medication Amount Dropped	be administered dian or another ns will not be giv Received By	d at school adult who ven withou Receiv From	l, must be de presents wri it prior autho ed Ma Expin	livered to school tten authorizatio rization from the edication	and retrieved n from the st e school nurse Prescript Expiration	d from school udent's paren e. ion Date	
student guardia • Over th Date	cribed medication to 's parent, legal guar n. e counter medication Amount Dropped Off	be administered dian or another of another of another of another of a second se	d at school adult who ven withou Receiv From	I, must be de presents wri It prior autho ed Me Expin	livered to school tten authorizatio rization from the edication ration Date	and retrieved n from the st e school nurse Prescript Expiration	tials:	
student guardia • Over th Date	cribed medication to 's parent, legal guar n. e counter medication Amount Dropped Off	be administered dian or another ns will not be giv Received By Initials: Initials: 3rd ATTEM	d at school adult who ven withou Receiv From From MEDICATIO PT TO PICK UP	I, must be de presents wri It prior autho ed Me Expin	livered to school tten authorizatio rization from the edication ration Date	and retrieved n from the st e school nurse Prescript Expiration	tials:	

## **\*CONSENT FORM MUST BE COMPLETE\***

**COMMENTS:** 

Date	#pills	Rec'd by	Rec'd from	Date	# pills	Rec'd by	Rec'd from

Revised 7/2022