

MEDICATION CONSENT FORM

Eastwood School

IF IT IS NECESSARY THAT YOUR CHILD TAKE **ANY** FORM OF MEDICATION DURING SCHOOL HOURS THE FOLLOWING REGULATIONS **MUST** BE FOLLOWED.

***Medication **MUST** be brought to the school clinic in the Student Responsibility Center. Medicine **MUST** be in its **ORIGINAL CONTAINER** with a **CURRENT LABEL**. The label **MUST** show the **CORRECT DOSAGE, NAME OF MEDICATION** and the **NAME OF THE STUDENT TAKING THE MEDICATION**.

***The Parent or Guardian **MUST** sign this form granting the school permission to administer the medication according to the regulations set herein.

***The school **DOES NOT** provide medication of any kind to students. The Parent/Guardian **MUST** supply any medication needed. This includes over the counter medication, cough drops, etc.

***A new medication form **MUST** be completed whenever there is a change in the medication, dosage, or treatment to be given. The new form will replace **ALL** previous instructions or directions.

Child's Name: _____

Condition(s) being treated: _____

Name of Doctor/Dentist: _____ Phone: _____

Medication: _____ Dosage: _____

How often: _____ How Long: _____

Special Instructions: _____

I request the above student be given medication at school and school activities by designated staff, according to the prescription and a record maintained. The student has experienced no previous side effects from the medication. I further agree that school personnel may contact the prescriber as needed and that medication information may be shared with school personnel who need to know.

I understand the law provides that there shall be no liability for civil damages as a result to the administration of medication where the person administering the medication acts as an ordinarily reasonably prudent person would under the same or similar circumstances. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment on the last day of school or it will be properly destroyed.

Parent/Guardian
Signature: _____

Date: _____ Daytime Phone _____