

**Moscow School District 281**

**Medication Consent Form**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Time \_\_\_\_\_

When it is necessary for medication to be given during school hours, the following regulations must be followed:

1. Medication must be brought to school in the original container with the appropriate label intact. If medication is not properly labeled, it will not be given.
2. Parent/guardian must sign this form granting permission for the designated school personnel to administer medication.

Designated school personnel have my permission to administer the above medication to my child as prescribed by Dr. \_\_\_\_\_ for the purpose of treating \_\_\_\_\_. I give my permission for the School Nurse to contact the Physician/Dentist, if necessary, regarding the medication.

\_\_\_\_\_ Student will be responsible for bringing medication to school.

\_\_\_\_\_ Parent/Guardian will bring medication to school.

\_\_\_\_\_  
Signature of Parent/Guardian                      Date                      Daytime Phone Number

Email address \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

**Additional medication(s) Taken at home:**

Name of medication, dose, and time taken:

\_\_\_\_\_

\_\_\_\_\_