

DIOCESE OF TUCSON SCHOOLS
PARENT'S CONSENT FOR GIVING OVER-THE-COUNTER MEDICATIONS

Name of School: St. Cyril of Alexandria School School Year: 20__ - 20__

*I hereby request and give my consent to the **school nurse or person designated by the administrator** to give my child the medication indicated below at the appropriate time. The medication will be furnished by me in the original container, labeled with the child's name, and is to be given as follows:*

Name of child _____

Medication name _____

Route of administration _____

Amount to be given _____

Time of day to be given _____

Expected duration of treatment: From _____ to _____

Reason for medication _____

Possible side effects _____

Signature (Parent/Guardian) Date

THE SCHOOL MUST BE NOTIFIED IMMEDIATELY OF ANY CHANGE IN MEDICATION.

Additional comments by nurse/health care designee:

Medication Count/Lot #/Exp. Date/Initials & Date: (For health office use)
