

DIOCESE OF TUCSON SCHOOLS
PARENT'S CONSENT FOR GIVING MEDICATION AT SCHOOL

Name of School: _____ **School Year: 20** ____ - **20** ____

*I hereby request and give my consent for the **school nurse** or **person designated by the administrator** to see that my child is given the medication indicated below. The medication will be furnished by me in the original container, labeled with the child's name; **has a written order or prescription label** from my medical provider; and is to be given as follows:*

1. Name of child _____
2. Medication name & R_x #: _____
3. Route of administration _____
4. Amount to be given _____
5. Time of day to be given _____
6. Expected duration of treatment: From _____ to _____
7. Medical Provider's name (**on label or written order**) _____
8. Reason for medication _____
9. Possible side effects _____

 Signature (Parent/Guardian)

 Date

 Teacher

 Grade & Room No.

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

Additional Comments by Nurse: _____

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