

MEDINA CITY SCHOOLS

**ADMINISTERING MEDICATION
(Other than Medication Prescribed by a Physician)**

**PARENT CONSENT AND INSTRUCTIONS
FOR THE ADMINISTRATION OF
MEDICATION AT SCHOOL**

I am the parent, guardian, or other person having care or charge of _____, who is a student assigned to _____ and request that the following medication (which has not been prescribed by a physician) be administered to him/her.

Name of medication _____

Dosage to be administered _____

Time or intervals at which each dosage is to be administered _____

Date the administration of the medication is to begin _____

Date the administration of the medication is to cease _____

Any severe adverse reactions that should be reported to me _____

One or more telephone numbers at which I can be reached in an emergency _____

Special instructions for administration of the medication, including sterile conditions and storage _____

DATE _____

NAME OF PARENT _____

SIGNATURE OF PARENT _____