

**BUCKEYE LOCAL 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. **Medication should be brought to  
school directly by the parent in the original container.**

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

\_\_\_\_\_

**NAME OF PARENT** \_\_\_\_\_  
**(Please Print)**

**DATE** \_\_\_\_\_

**SIGNATURE OF PARENT** \_\_\_\_\_