



INFORMED CONSENT FOR ADMINISTRATION OF MEDICINE

_____ (Student Name), upon request and without contacting a parent/guardian, may be given the following medications as administered by the administrative assistant, who will keep a record of medications given.

Please check all that you are giving permission for the student to be given without consulting with parent/guardian:

- Ibuprofen (generic of Advil)
- Acetaminophen (generic of Tylenol)
- Antacid (generic of Tums)
- First Aid Antibiotic Ointment/Band Aids
- Cough Drops

If a student needs to take a prescribed or over the counter medication while at school, the medication must be brought to the office in the original pharmacy bottle with written directions. The medication will be stored in the office, and the student must come to the office to take the medication. The parent must send a note giving permission for the medication to be administered at school by the administrative assistant, with beginning and ending dates for the medication. The school is not responsible for ensuring that the student has medication. It is the parents' responsibility to see that a needed medication is available for the student's use.

Parent/guardian signature

Date