

Raymond Central Public Schools

Medication Consent

Your written consent is required **prior** to school personnel administering prescription medication **or** over ... the counter medication to a child in school. By signing below, you acknowledge the following:

- If needed, the prescribing physician may be contacted by the school nurse for clarification on medication administration.
- Your child's medication may be given by an unlicensed health technician, or by a nurse, or by other school health personnel deemed competent through training or supervision by the Registered School Nurse.
- The school health office should be notified promptly if there are changes in your child's medication orders.
- A physician's order is required for medication to be provided at school for all prescriptions and some over-the-counter medication products. The prescriber's order may be on the pharmacy label attached to the bottle/box or, in the case of over-the-counter products, by separate prescription provided to the health office.
- All medication products must be sent to the school in the original container or packaging.

Unlabeled medications cannot be accepted.

I _____, give permission to Raymond Central Public
(parent/guardian name)

Schools to administer _____ . This medication is to be
(name of medication)

administered at _____, on _____ to my
(time of day) (days/daily)

child, _____ Date of Birth _____
(first and last name of student)

I understand that if my child has an adverse reaction to the medication listed above, the school and health office cannot be held liable.

(Parent/Guardian Signature)

(Date)

