

# PARENT MEDICATION CONSENT FORM

NOTE: Parents are urged to give medication at home and on a schedule other than during school hours. If it is necessary that a medication be given during school hours, the following regulations must be followed.

- Medications must be prescribed by a licensed health care provider and permission granted to the school to contact the licensed health care provider as necessary.
- All medication must be brought to the school office in the original container with the appropriate label intact. The parent, other designated adult, or the pharmacy may deliver the medication to school.
- **STUDENTS MAY NOT DELIVER THEIR OWN MEDICATION TO SCHOOL.**
- Non-prescription medication will not be administered unless indicated in writing by the student's licensed health care provider.
- The parent/guardian must sign this form, granting the school permission to administer the medication(s), according to the regulations set herein.

The staff and designated parent volunteers at St. Thomas the Apostle School have my permission to administer the following medication(s) to my child, \_\_\_\_\_ for the purpose of treating \_\_\_\_\_, and I give my permission to the school to contact the licensed health care provider as needed.

Name of licensed health care provider: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
\* Physician's Signature (**Required**)

\_\_\_\_\_  
Date

Medication

Dosage

Times(s) to be Given

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Special instructions: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature (**Required**)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

**Physician's offices: Please fax to Saint Thomas the Apostle Catholic School at (616) 458-4583.**