

# COLFAX SCHOOL DISTRICT

## Parental Permission to Administer NON-PRESCRIPTION MEDICATION

\*\*\*PARENTS MUST SUPPLY ALL MEDICATIONS IN THE ORIGINAL CONTAINERS.

### #1 Student Information/Medication Instructions:

School year or effective date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Medication #1: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_ Route: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Medication #2: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_ Route: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Medication #3: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_ Route: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

\*\*\***Note requirements:** Completed medication information section (1) and signed **Parent Consent** (2). Dosage must match recommended dosage on package.

### #2 Parent Consent: Complete above for **Each Medication** at school:

I request that this medication be administered at school by designated employee(s). I will supply the medication in its original container and bring to the office. I will notify the school in writing of any medication changes. This consent is in effect for the school year unless otherwise indicated.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_