

LAKEWOOD PUBLIC SCHOOLS

MEDICATION CONSENT FORM

Dear Parents:

Medication includes both prescription and non-prescription medications and includes those taken by mouth, taken by inhaler, which are injectable, applied as drops to eye or nose, or applied to the skin.

Procedures:

1. The student's parent/guardian must provide the school with written permission and request to administer medication.
2. Written instructions which include name of student, name of medication, dosage, time to be administered, route of administration, and duration of administration must accompany the medication.
3. All medications must be kept in a labeled container as prepared by a pharmacy, physician, or pharmaceutical company and labeled with dosage and frequency of administration.

The office must have this information so we can be absolutely accurate when the medications are administered. Teachers have been instructed to send all requests for medication to the office.

Student's Name: _____

Homeroom Teacher: _____

Physicians Name: _____

Medication: _____ Dosage: _____

Parent's Name: _____ Parent's Phone Number: _____

Please select your preference:

Call before a dose is administered

No need to call before a doses is administered

I hereby give permission for the above medication to be administered by the school authorities.

Parent's signature

Date