



## Medication Consent Form 2025-2026

I hereby request and give my consent for school personnel to administer to:

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ the following medication(s):

Medication(s):

1) \_\_\_\_\_

Dosage: \_\_\_\_\_

Time: \_\_\_\_\_

Duration: \_\_\_\_\_

Additional Information: \_\_\_\_\_

2) \_\_\_\_\_

Dosage: \_\_\_\_\_

Time: \_\_\_\_\_

Duration: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**\*\*All medication needs to be dropped off at the front office by a parent or legal guardian. Prescription medication must be in the original container as prepared by pharmacist and labeled with the child's name, name of medication, dosage, time to be given and duration of the treatment. All non-prescription medication must be in the original, unopened container.\*\***

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