Carver Public Schools
Written Parent/Guardian Consent
For Medication Administration

General Information

Name of Student ______________________________ School ______________________
Grade ________ Date of Birth ____________________ Sex _________
Name of Parent or Guardian ____
(please print)
Address ____

Tel. Number (Home) ______________________ Tel. Number (work) ________________

Tel. number where parent/guardian can be reached in case of emergency. ________________

Other persons if any to be notified in case of emergency if parent /guardian is unavailable. _______
Name ______________________________ Telephone ____________________________
Relationship __________________________

My son/daughter is currently receiving the following medications (to be completed if not in violation of confidentiality). Please list all medications the child is receiving, including those given during the school day.

1 _________________ 2 _________________ 3 ________________ 4 _________________

My Son/daughter is known to have the following allergies. ___________________________

Consent

1. I give permission to have the school nurse or school personnel designated by the school nurse

to give the following medicine ____

prescribed by ____________________________ to ________________________________
(Name of Prescriber) (Name of Student)

2. I give permission for my son/daughter to self administer medication if the school nurse determines it is safe and appropriate Yes________ No _______.

3. I give permission to the school nurse to share with appropriate school personnel information relative to the prescribed medicine administration e.g., adverse side effects, as she/he determines necessary for my son's/daughter's health and safety.

Yes____ No____ Any restrictions on release ____

Please note: I understand that I may remove the medicine from the school at any time and that the medicine will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

Signature of Parent/Guardian ____
Relatinship to Student _____________________________________ Date _______________