

Apprentice Academy Medication Consent Form

To be completed by Physician/Parent:

Student Name: _____ D.O.B: _____ Teacher/Grade: _____

Name of medication (one medication per consent form): _____

Medication must be brought to school by the parent/guardian (students are not authorized to transport medication). Medication must be in the original container, labeled with child's name, and not expired.

Scheduled Medication:

Dosage to be given: _____ Time(s) to be given: _____

Purpose of the scheduled medication: _____

As Needed Medication:

Dosage to be given: _____ Time(s) to be given: _____

Symptom for which medication may be given: _____

Self-Carry Medication: Student are only permitted to carry; Epi Pen, Insulin, Glucagon, and/or Emergency Inhaler. "Self-Carry Medication Authorization Form" must be completed, and submitted with "Medication Consent Form".

**** All medications must be kept in the office (except approved Self-Carry Meds)****

Physician's and Parent signature is required for ALL medication, prescription or over-the-counter.

Physician Name (Please Print)

Physician Signature

(_____) _____

Physician Phone

(_____) _____

Physician Fax

Date

I hereby give permission for my child, named above, to receive medication during school hours, during athletic events or practices, and during field trips. I also give the office staff permission to contact the prescribing physician with any questions or concerns. I hereby release Apprentice Academy and their agents from all liability that may result from my child taking this medication.

Parent/Legal Guardian Signature

(_____) _____

Daytime Phone

Date