

**Avon Public Schools
Parent/Guardian Consent
For Medication Administration**

All medication must be delivered to the school in its original container with the pharmacy label attached. All medications including over-the-counter must be accompanied by a licensed prescriber's order.

Student's Name _____ Date of Birth _____

Date: _____ Butler Elementary Room # _____ Avon Middle High School Room # _____

Parent/Guardian: Please Print _____

(Name)

(Address)

(Home Phone)

(Work)

(Cellphone)

Person to reach if unable to reach Parent/Guardian:

Please Print (Name)

(Relationship)

(Phone)

Name of Medication(s): _____ Start Date: _____ Dose _____

Stop Date: _____ Time to be given in school: _____

Special Instructions: _____

Allergies (Medication/Food): _____

Please list any other medications your child is currently receiving: _____

(To be completed if does not violate confidentiality)

I give permission for the school nurse of his/her delegate to:

- | | |
|--|--------------------|
| 1. Administer the medication as prescribed by my child's physician. | Yes _____ No _____ |
| 2. To determine if self administration of this medication is safe and appropriate for my child's health safety. | Yes _____ No _____ |
| 3. Share the above information with other school personnel as she determines appropriate for the child's health and safety. | Yes _____ No _____ |
| 4. Take a photograph of my child to assist with identification. | Yes _____ No _____ |
| Field Trips | |
| 5. I give permission for the nurse to delegate administration of this medication to a staff member who is accompanying my child on the field trip. | Yes _____ No _____ |

Please list any restriction to this release of information:

I understand that I may retrieve the medicine from the school at any time. Remaining medications must be picked up at the health office on or before the last day of school. If not picked up within one week following termination of the order or one week beyond the close of school it will be destroyed.

Parent/Guardian Signature: _____ Date: _____

