

**EASTON PUBLIC SCHOOLS
WRITTEN PARENT/GUARDIAN CONSENT FORM
FOR MEDICATION ADMINISTRATION**

General Information

Name of Student: _____ D.O.B. _____ Sex: _____ Grade: _____

Name of Parent/Guardian: _____ Address: _____

Home Telephone Number: _____ Work Telephone Number(Mom): _____

Work Telephone Number(Dad): _____

Other person, if any, to be notified in case of emergency if parent/guardian is unavailable:

Name of Adult: _____ Relationship: _____ Phone Number: _____

My son/daughter is currently receiving the following medications (to be completed if not in violation of confidentiality): (Please list all medicines 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 trained (if applicable) by the school nurse to give the following medicine _____
prescribed by _____ to _____.
(Licensed 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 for the school nurse to delegate to trained unlicensed school personnel to administer epinephrine (by auto-injector) to my child with a diagnosed life-threatening allergic condition when the school nurse (RN) is not immediately available. Yes ___ No ___

4. I give permission to the school nurse to share with appropriate school personnel information relative to the prescribed medicine administration, e.g., adverse effects, as she/he determines necessary for my son's/daughter's health and safety.
Yes ___ No ___ Any restrictions on release: _____

Signature of Parent/Guardian: _____ Date: _____

(Please note: I understand that I may retrieve the medicine from the school at any time and that the medicine will be destroyed if it is not picked up within one (1) week following termination of the order or one (1) week beyond the close of school).