



# Comstock Park Public Schools Medication Consent Form

**Please Print**

Greenridge 254-5700 F-785-9829	Stoney Creek 254-5600 F-785-9853	Pine Island 254-5500 F-785-4176	Mill Creek 254-5100 F-785-2464	CP High School 254-5200 F-785-9835
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All Comstock Park students who are to have medication administered by a school employee during school hours must have the following:

- For all medication, this written consent form is signed by the parent/guardian. If there is a change of medication dosage, another form must be completed. All medication must be delivered to the office by a parent or guardian.
- For prescribed medication this written consent form must also be signed by the health care professional. It must be in the original container and properly labeled by a registered pharmacist as prescribed by law.

**Medication cannot be sent to school with a student.**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Diagnosis/Condition: \_\_\_\_\_

Administering Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Times: \_\_\_\_\_

Method of Administration: Tablet/Capsule    Liquid    Inhaler    Injection    Nebulizer    Other: \_\_\_\_\_

Special handling or storage instructions: \_\_\_\_\_

Possible side effects (if any): \_\_\_\_\_

Restrictions (if any): \_\_\_\_\_

### **To Be Completed by Parent/Guardian**

My signature below indicates my permission to administer medication to my child and authorization for school personnel and health care provider to contact each other if needed.

Parent/Guardian Name: \_\_\_\_\_ Home/Mobile Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Care Professional Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **To Be Completed by Health Care Professional**

(only needed if it is a prescribed medication)

My signature below indicates the above medication information is correct as prescribed.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_