WILLIAMSBURG SCHOOLS
PARENT/GUARDIAN CONSENT FOR MEDICATION ADMINISTRATION

Name of Student________________________________Date of Birth________Grade____

Name of Parent/Guardian____
(Please Print)
Address____
Telephone Number(Home)______________(Work)____________Emergency__________

Other Person, if any, to notify 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.)____
(Names of all the medication the student receives)

Medication(s) to be given at school:

Medication	Dosage	Time of Administration	Prescriber
________________	___________	____________________	___________________
________________	___________	____________________	___________________
________________	___________	____________________	___________________

Allergies to medications/food/other (environmental): YES ______ NO______
Please specify____

Consent

1. I give permission to the school nurse or to a school employee, designated and trained by the school nurse, (ex. to administer medication(s) on field trips, in emergency) to give the above named medication(s) to my child during school hours. YES_____ NO_____

2. I give permission for my son/daughter to self-administer medication if the school nurse determines it is safe and appropriate. (Medication's are stored in a locked cabinet and the students MAY NOT carry any medication unless needed for emergency administration.) 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 he/she determines necessary for my son's/daughter's health and safety. YES_____NO_____ Any restrictions on release?_____________________________

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 week following termination of the order or beyond the close of school.

________________________________ ____________________________ ___________
Signature of Parent/Guardian Relationship Date