

MESA PUBLIC SCHOOLS – HEALTH SERVICES
PARENT’S CONSENT FOR GIVING MEDICATION AT SCHOOL

I hereby request and give my consent for the School Nurse, _____

Health Assistant _____, or Principal’s designee to see that my child receives the medication listed below:

Name _____ Grade/Room _____

Medication _____ Dose _____

Doctor _____

Diagnosis/reason for giving _____

Time to be given _____ Dates from _____ to _____

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage and time to be given. An over-the-counter medication must be in the original packaging, with all directions, dosages, compound contents and proportions clearly marked.

PARENT OR GUARDIAN’S SIGNATURE

DATE

Comments by nurse: