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<mark>* Send Medication with form.</mark>

Student Name: _____ Grade: _____

Name of Medication: _____

Reason for medication: _____

Dosage of medication: _____ _____

Beginning Date: _____ Ending Date: _____ **(OR)** keep on file until last day of school) _____

Time to be given: _____ **(OR)** give only when needed- per medication label _____

Route to be given: Orally _____ **(OR)** Not by mouth = other, explanation _____

Alpha Omega Academy Medication Consent Form.

Please note, by signing medication permission form you are acknowledging and consenting to the following required medication administration rules.

- A Medication Form must be completed and signed for all medications to be given at school.
- One medication per form.
- Family members of the same household care share medication with parent permission. Form needed for every individual student. Each individual medication.
- Medication to be given to your child and to kept at school, must be provided and sent by parent.
- A new form is needed for all changes in medication, dose, or time.
- Prescription medication must be labeled by the pharmacy with the student's name, prescriber's name, name of medication, dosage, route, conditions for storage, prescription date, and expiration date.
- Medications will be given per packaging instructions, unless changed by written physician orders.
- Over the counter medications must be in original container, legible manufacturer label.
- Medication order is valid for the entire school year.
- No expired medication will be given nor accepted into the Nurses Clinic.
- All medication submitted needs to be picked up by the last day of school.
- Medication not picked up by the last day of school will be destroyed, unless communicated otherwise.

PARENT/GUARDIAN AUTHORIZATION/Permission Form.

I give permission for designated school personnel to administer the medication I am providing. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school.

Parent/Guardian Signature: _____ **Date:** _____

Home Phone #: _____**Cell Phone #** _____ **Work Phone #** _____