

COLONIAL HEIGHTS PUBLIC SCHOOLS
COLONIAL HEIGHTS, VIRGINIA
Parental Consent and Licensed Prescriber Authorization
For Administering Medicine
(Use a separate authorization form for each medicine)

PARENTAL CONSENT

Student's Last Name: _____ First Name: _____ M.I.: _____

Grade: _____ Team _____ Date of Birth: ____/____/____

Allergies: _____

I am the parent or guardian of _____. I give permission for him/her to take the following prescribed medication while in _____ School. I hereby acknowledge that I have read and understood the School Board Regulations relating to the taking of medications. I hereby release _____ School and its employees from any claims or liability connected with such reliance. I authorize a representative of the school to share information regarding his/her medication with the licensed prescriber (listed below).

Parent/Guardian Signature

Daytime Telephone

Date

MEDICATION AUTHORIZATION

(For use by Licensed Prescriber ONLY)

Relevant Diagnosis: _____ Medication: _____

Dates medication must be administered at school:

_____ Short Term (List dates to be given) _____

_____ Every Day at School

_____ Episodic/Emergency Events ONLY

Dosage (Amount): _____ Route: _____ Form: _____ Time(s) Of Day: _____

A. Serious reactions can occur if the prescribed medication is not given or is not given as prescribed: ___ Yes ___ No

If yes, describe: _____

B. Serious reactions/adverse side effects from this medication can occur: ___ Yes ___ No

If yes, describe: _____

If yes, action/treatment for reactions: _____

If yes, Report to you: ___ Yes ___ No (Drug information sheet may be attached)

Special Handling Instructions: ___ Refrigerate ___ Keep out of sunlight ___ Other

If other, please describe: _____

Asthmatic/Diabetic ONLY:

The student is capable and responsible for self-administering the medication: ___ Yes-Supervised ___ Yes-Unsupervised

___ No

The student may carry this medication: ___ No ___ Yes

Licensed Prescriber's Name: _____

Telephone Number: _____

Emergency Number: _____

Licensed Prescriber's Signature: _____

Date: _____