

Medication Consent Form
Sturgis High School

Parents/Guardians are encouraged to give medication at home on a schedule other than during school hours. If it is necessary that a medication be given during school hours, the following regulations must be followed:

- Medication must be prescribed by a physician/dentist and permission granted to the school to contact the physician/dentist if necessary
- Medication must be brought to the school office in the original container with a current label showing the correct dosage and name of the medication.
- The parent/guardian must sign this form, granting the school permission to administer the medication, according to the regulations set herein.

Student's Name: _____

Condition(s) being treated: _____

Name of physician/dentist: _____ Phone # _____

Medication	Dosage	Time of day	Duration of scrip

Special Instructions _____

I request the above student be given the medication at school by designated staff, according to the prescription and a record maintained. The student has experienced no previous side effects from the medication. I further agree that school personnel may contact the prescriber as needed and that medication information may be shared with school personnel who need to know.

I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonably prudent person would under the same or similar circumstances. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment or it will be properly destroyed.

Parent/Guardian Signature: _____

Date: _____ Parent/Guardian Phone Number: _____

****Please note: A new form must be completed whenever there is a change in medication, dosage, or time(s) to be given. The new form will replace all previous instructions or directions.****