

The Center for Learning Differences

School Prescription Medication Consent and Directions

Student Name _____ Date of Birth _____

Address _____ Home Ph _____

Grade _____ Medication to be taken: Long Term? _____ Short Term _____

Mother's Cell Ph _____ Father's Cell Ph _____

Mother's Work Ph _____ Father's Work Ph _____

Parent's Consent Signature _____ ***Date*** _____

Physician's Directions:

Medication and Instructions

Time medication is to be given _____

Physician's Comments _____

Physician's Name _____ Ph _____

Clinic Name & Address _____

Medication must be in the most current prescription bottle. The parent must bring medication to school. Students may not carry medication in his or her bookbag. The school will assume no responsibility for any problems arising from the giving of the medication. It is the responsibility of the parent to notify the school in writing of any changes in the dosage or times of administering the medication.

