



MEDINA CITY SCHOOLS
Medina High School

ADMINISTERING MEDICATION
(Other than Medication Prescribed by a Physician)

PARENT CONSENT AND INSTRUCTIONS
FOR THE ADMINISTRATION OF MEDICATION AT SCHOOL

I am the parent, guardian, or other person having care or charge of

_____, who is a student assigned to

_____ and request that the following medication

(which has not been prescribed by a physician) be administered to him/her.

Name of medication _____

Dosage to be administered _____

Time or intervals at which
each dosage is to be administered _____

Date the administration of
the medication is to begin _____

Date the administration of the
medication is to cease _____

Any severe adverse reactions
that should be reported to me _____

One or more telephone numbers
at which I can be reached in an
Emergency _____

Special instructions for
administration of the medication,
including sterile conditions
and storage _____

Date _____

Name of Parent _____

Signature of Parent _____