

PERMISSION TO ADMINISTER MEDICATION PARENT CONSENT FORM

CHILD'S NAME (first & last):

DOB:

Grade:

GENERAL MEDICATION

Please select which medications you permit:

- ☐ Pain medication (Tylenol / Advil) ☐ Anti-nausea (Ginger tablets / Gravol) ☐ Antihistamine (Reactine / Benadryl tablets / Topical cream) ☐ Cough Drops
- ☐ Other: _____

Possible side-effects of medication: _____

Any additional information in the administering of medication which the faculty should be made aware of: _____

As a legal parent/guardian of a child in this school, I give consent for the school faculty to administer the above general medications and/or medicine during the school day as required or in the event of an emergency situation. Furthermore, I accept full responsibility and liability for any difficulties arising should the medication have adverse effects.

Parent/Guardian signature

Date

If your child takes prescribed medication, please complete the section below.

PRESCRIBED MEDICATION

RAPID-ACTING BRONCHIAL INHALER:

Name of medication(s): _____ Dosage: _____ Frequency: _____

AUTO-INJECTABLE EPINEPHRINE:

Name of medication(s): _____ Dosage: _____ Frequency: _____

AUTO-INJECTABLE INSULIN:

Name of medication(s): _____ Dosage: _____ Frequency: _____

OTHER: _____ Dosage: _____ Frequency: _____

Possible side effects of medication: _____

Special Drug Storage Requirements: (if any) _____

Any additional instructions or information: _____

☐ I, hereby give permission for Phil & Jennie Gaglardi Academy faculty to administer to my child their prescribed medication as listed above.

☐ I confirm that my child, mentioned above, is responsible and capable of self-administering prescribed medications and give my permission to for him/her to self-administer the above-mentioned prescribed medication(s).

☐ I accept full responsibility and liability for my child carrying and self-administering this medication. Also, I hereby confirm my understanding that all medication must be in the original container and labelled with my child's full name.

Parent/Guardian signature

Date