

ESU #1 TOWER SCHOOL
WRITTEN PARENTAL/GUARDIAN CONSENT
REQUEST TO PROVIDE MEDICATION DURING SCHOOL HOURS

Student _____

I give permission to Tower School to provide _____
(name of medication and dose)

to the above named child at _____ as directed for
(approximate time)

the following reason _____

Parent/Guardian _____ Date _____

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS!

Your written consent is required **prior** to Tower School personnel providing or administering medication to your child in school. By signing, you acknowledge the following:

- If needed, the prescribing physician may be contacted by the nurse for clarification on medication administration.
- Your child's medication may be given by the nurse or by other school personnel deemed competent through training or supervision by the Registered School Nurse to provide medication as called for.
- Tower School office should be notified promptly if there are changes in your child's medication orders.
- A physician's (or other licensed prescriber's) authorization is required for medication to be provided at school for all prescription and over-the-counter medication products. The prescriber's authorization may be on the pharmacy label attached to the container or, in the case of over-the-counter products, by separate prescription provided to Tower School.
- All medication products must be sent to school in the original container with the label intact . Medications in bags or any other form of "home packaging" will not be accepted, due to safety considerations.
- Parents/Guardians are encouraged to provide a two week supply of medication .

Authorization expires at the end of each academic year.