

NORTHAMPTON COUNTY PUBLIC SCHOOLS
7207 YOUNG STREET
MACHIPONGO, VIRGINIA 23405

Phone: 757-678-5151

www.ncpsk12.com

Fax: 757-678-7267

Med. Appendix A-2

Parent Medication Consent Form
Short Term Medication Order

NOTE:

If possible, parents are advised to give medication at home and 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:

1. Medication must be ordered by a physician or dentist and permission granted to the school nurse to contact physician/dentist if necessary.
2. Medication must be brought to school by parent or guardian in original container with appropriate label intact. (Secondary students may bring medication to school, but must give it to the school nurse or her designee upon arrival to school). Medication must be kept in a locked cabinet in the clinic and dispensed only as directed. If medication is not properly labeled, **it will not be given.**
3. Parent/Guardian must sign this form granting the school nurse permission to administer medication, according to regulations set herein.

The nurse at _____ School has my permission to administer the following medication to my child, _____ as recommended by Doctor _____ for the purpose of treating _____ and I give the nurse my permission to contact the physician/dentist if necessary.

Name of medication: _____

Dose to be given: _____

Time to be administered: _____

Signature of parent/guardian: _____

Date: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Number: _____