

BEAVERHEAD COUNTY HIGH SCHOOL

Parent/Guardian Consent-Permission Form to Administer Medication

Student's Name				Grade
Physician's Name				Physician's Phone #
Medication	Time Frequency	Dosage	How Given	Expected Effects on Learning and Special Considerations

As a parent/guardian of the above mentioned Beaverhead County High School student I have reviewed BCHS Board policy # 3416 and understand that I will deliver all medication, prescription and non-prescription, to the office. I will not send any medication to school with my son/daughter. I have listed above all medication delivered to the office and my signature below is my consent to allow the designated employees of BCHS to administer only the above listed medication to my child as indicated above by time/frequency, dosage, and how given. Any changes to the above medication list must be done in the same format as outlined in Board policy #3416.

Parent Signature _____

Student Signature _____