

**BUCKEYE LOCAL SCHOOLS
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
BUCKEYE INTERMEDIATE SCHOOL and request that the following medication (which has not
been prescribed by a physician) be administered to him/her. **Medication should be brought to
school directly by the parent in the original container.**

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 _____

NAME OF PARENT _____ **DATE** _____
(Please Print)

SIGNATURE OF PARENT _____

**Any unused medication unclaimed by the parent will be destroyed by school personnel when
a prescription is no longer to be administered or at the end of the school year.**