



## PERIMETER SCHOOL

A Covenant Christian Community

### **Prescription Medication Authorization and Consent Form**

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_ (Homeroom) Teacher: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Date the Medication Started: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Date Medication to be Stopped: \_\_\_\_\_

Time of Day Medication to be Given: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

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Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to take the above prescription at school, as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers this drug to my child shall not be liable for damages due to adverse drug reaction, improper dosage, or failure to administer at the prescribed time.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Other Parent instructions or comments: \_\_\_\_\_

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Note: The medication is to be brought to school in the original container, appropriately labeled by the pharmacy or physician, stating the name of the medication, the dosage, and the number of days to be administered at school.