

Paradise Elementary/Middle
1533 W. Paradise Lane
Surprise, AZ 85374
Nurse: 623-546-7288
Fax: 623-975-2841

Consent for Administering Medication at School

Paradise Honors High School
12775 N 175th Ave
Surprise, AZ 85388
Main: 623-455-7400
Fax: 623-975-4380

I hereby request and give my permission for the school nurse or person designated by the administrator to see that my child, receives the medication as directed below.

Student Name: _____ Grade: _____ Teacher: _____

Prescription medication is to be brought to the school in its original prescription container with a current dispensing pharmacy label affixed. The label shall indicate the student's name, prescription number, name of medication, dosage, and number of times a day to be administered.

Non-prescription (over-the-counter) medication must also be brought to school in its original container. The date, time to be given, and amount to be given are entered below.

Physician's name: _____ Prescription Number: _____

Name of medication: _____ Strength: _____

Amount to be given: _____ Route of administration (By mouth, inhaled, etc) _____

Time of day to be given: _____ Reason for medication: _____

Dates of treatment: Start _____ Stop _____ Medication Expires on: _____

Special Instructions: _____

Allergies to medication: My child does **NOT** have
 My child **DOES have** allergies to medications: _____

On early release days, medication will be administered up to 30 minutes prior to dismissal. If a medication is due after this time, it will not be given..

I understand that all medication must be kept in a locked cupboard in the school Health Office and that it is the student's responsibility to report to the Health Office for the administration of the medication at the prescribed time. I agree to, and do hereby hold the District and its employees harmless for any and all claims, demands, causes of actions, liability or loss of any sort, because of, or arising out of, acts or omissions or for any reaction to the medication when given according to the above directions.

I further understand medication is to be brought to the school by the parent/guardian and checked in with the nurse or health assistant. At the end of each school year, the parent/guardian must pick up any remaining stock of medication. **Any medication not picked up on the last day of school will be discarded.** _____ initial.

Parent/Guardian signature

Date

PEC/PECMS Students only: **My child is currently registered in the before/after care enrichment program.** _____