

Foothill Christian School Medical Consent Form

Prescription Medication

Medication must be presented in its original container with a label attached bearing the child's name, current date, time and dose to be given, number of days to administer medication and pharmacy name. This constitutes the physician's written permission.

OVER-THE-COUNTER MEDICATION

We believe that over-the-counter medicines should be treated with the same caution as prescription drugs. Over-the-counter medication such as aspirin, ibuprofen, Tylenol and cough medicine can all be administered **only** with the written permission of the child's parent **and** physician. Be sure to always ask for written instructions during visits to the doctor for all over-the-counter medications prescribed.

I hereby authorize the caregivers at Foothill Christian School to give my child the following medication:

Name of Student: _____

Parent Signature: _____

Name of Medication: _____

Prescription #: _____

Refrigerate? _____

Directions: _____

FOR OVER-THE-COUNTER MEDICATION:

Please allow _____ to be given _____ at school.
(Student's Name) (Name of Medicine)

Dosage: _____

Doctor's Signature: _____ Date: _____