## MEDICATION/TREATMENT CONSENT FORM

Date



Student Name	dent Name		n Date	School Year	School Year	
Diagnosis/Condition						
<ul> <li>Parents are urged to period medication be provide vitamin, or mineral presentation.</li> <li>Health treatments and complete Part 1 below</li> <li>All medication, prescribed medication, strength, not allowed to bring the Health treatment supper Parent/guardian written.</li> </ul>	provide health treatments and give in during school hours, these regular paration.  If medications must be prescribed and must sign form—Part 2 and iption and non-prescription, must dosage, and time(s) to be given. On their own medication to school.	be brought to school in the originally the parent/guardian or other responsive for each student by parent/guardian inister treatments and medications	ule other than school hours if possil : "Medication" refers to any prescriptions and health care provider and multiple pharmacy container with a current possible adult or the pharmacy may on as needed.	ntion, non-prescription, ust be renewed at lease that label showing the state that the medicine to	homeopathic, herbal st annually. Providers name of the student school. Students are	
PART I: PHYSICIAN/H	EALTH CARE PROVIDER INST	TRUCTIONS		TIME(S)/E	REQUENCY	
TREA	ATMENT/MEDICATION	STRENGTH	DOSAGE/ROUTE	Home	School	
Recommendations, Speci	ial Considerations, Side Effects, Pr	ecautions, Allergies:				
	serve as written authorization for sonnel and health care provider to	r permission to administer health to contact each other if needed. Med				
Physician/Provider:	Print Name		Signature			
	Date	Phone		X		
Parent/Guardian:						
	Print Name		Signature			

Phone

Fax