**Illinois Conference Seventh-day Adventist School**

**Parent/Guardian Consent Form for Non-Prescription Medication**

Please print

This order and consent for medication is required to be completed and presented to the child’s school before any medication may be administered to a child during the school day.

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mother’s Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I grant permission to the persons designated by the principal to give medication(s) to my child according to the directions.
* As a Parent or guardian I understand that I must provide all medications to the school.
* All medications must be in their original containers and must have current dates. Any medications with expiration dates will be discarded.
* I release the school from any liability claims of the administration of this medication as directed.
* I understand that as the parent or guardian, I will be responsible to transport the medication to and from the school to the authorized personnel designated to give medications.
* I understand all medication must be picked up by the parent or guardian at the end of the school year or it will be destroyed.

**MUST BE SIGNED IF MEDICATION IS TO BE ADMINISTERED BY THE SCHOOL:**

**Authorized school personnel may give my child medication as listed by parent, guardian or practitioner.**

**Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of **non-prescription** medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give as needed per student’s request, during entire school year, per instructions on packaging: Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_

**OR**

Student is to receive medication for \_\_\_\_\_\_ days only. (Maximum of 5 consecutive days without medical prescription)

Parental instruction on how medication is to be given. (Include Scheduled Time(s) for Dose and the Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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