

**CENTRALIA CITY SCHOOLS  
MEDICATION CONSENT FORM**

To the Parent / Guardian:

Our school policy and state law states that medications are given (as ordered by the physician) by the school nurse or in her absence, the administrator or his/her designee. The parent may come to school to administer medication. All medication sent to school must be in the prescription bottle with the student's name, doctor, name of the medication, dosage and the time to be given. A written order for prescription and non-prescription medications must be obtained from the child's licensed prescriber. Orders must be renewed annually for long-term medications and any changes must receive a new written order from the prescriber. The following must be completed before medication is given:

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Licensed Prescriber \_\_\_\_\_

Prescriber's Phone \_\_\_\_\_ Emergency # \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Date of Prescription \_\_\_\_\_

Route of Administration \_\_\_\_\_ Date to Discontinue \_\_\_\_\_

Frequency of Administration \_\_\_\_\_

Diagnosis \_\_\_\_\_

Other medication child is receiving \_\_\_\_\_

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

\_\_\_\_\_  
*Physician's Signature*

**PARENTAL AUTHORIZATION TO ADMINISTER MEDICATION AT SCHOOL  
AND FOR EXCHANGE OF CONFIDENTIAL INFORMATION**

As the parent / legal guardian of the above child, I hereby grant my permission to Centralia City Schools to give the above prescription to \_\_\_\_\_ at \_\_\_\_\_ during school hours.  
*Child's Name* *Time*

I understand no medication will be increased, decreased or changed without an order from the physician. Also, I allow the school nurse to exchange confidential information concerning my child with: \_\_\_\_\_  
*Name of Institution, Doctor, etc.*

Purpose of this disclosure: to assist with medical and educational needs at the school.

I understand that my permission covers the release of permanent and temporary records, as well as the release of confidential records. I further understand that this release will expire one year from the date of my signature. I may cancel this authorization at anytime by submitting a written request to the school.

\_\_\_\_\_  
*Signature of Parent / Legal Guardian*      *Day-time Phone No.*      *Emergency Phone No.*      *Date*