



PERMISSION TO PROVIDE MEDICATION DURING SCHOOL HOURS

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS

Your written consent is required prior to school personnel or administering medication to a child in school. By signing below, you acknowledge the following:

- Your child's medication may be administered by an unlicensed health para educator or by other school personnel deemed competent through training or supervision.
- The school office should be notified promptly if there is a change in your child's prescription.
- All medications must be sent to the school in the original container with the label intact. Medications in bags or any other form of "home packaging" will not be accepted due to safety concerns.

WRITTEN PARENTAL CONSENT MUST BE COMPLETED PRIOR TO MEDICATION BEING GIVEN AT SCHOOL

I give permission to Phoenix Academy to provide _____
(Name of Medication and Dose)
to _____ at _____ as directed on the
(Child's Name) (Approximate Time)
label for _____
(Diagnosis Or Reason For Medication)

I understand that every effort will be made by the school staff to administer the medication in a timely manner.

(Signature of Parent/Guardian)

(Date)

Emergency procedure in case of a serious side effect _____

Contact information for Parent/Guardian

(Name)

(Phone Number)

