

**WARREN COUNTY SCHOOL DISTRICT  
HEALTH SERVICES**

Dear Parent/Guardian:

Your doctor has prescribed medicine for your child which is to be taken in school. In order to safeguard your child and other children in his/her class, it will be necessary for you to do the following:

1. Medications must be brought to school in the original prescription container with the pharmacist's label. (Most pharmacies will provide you with an extra labeled bottle free of charge or for a very small fee.) Over-the-counter medications must be brought in the original packaging.
2. Parents/Guardians must complete the following consent statement and return it to school along with the physician form.
3. A new form must be filled out and signed if there is any change in the medication and/or dosage.

Sincerely,

School Nurse

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be Administered: \_\_\_\_\_

Length of Time to be Given: \_\_\_\_\_

Please list all other medications that the student is taking: \_\_\_\_\_

My child may accurately self-administer the following medication. I acknowledge that the District is not responsible for ensuring that the medication is taken and relieve the District and its employees of responsibility for the benefits or consequences of the prescribed medication.

Inhaler                       Epi-pen with Benadryl                       Insulin(age appropriate)

I give consent for and request that the above medicine be given to my child.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

School child attends: \_\_\_\_\_