



**Section 2 (to be completed by parent)**

Name of Parent(s): \_\_\_\_\_ Home phone: \_\_\_\_\_  
Work phone(s): \_\_\_\_\_ Cell phone(s): \_\_\_\_\_

I have read the physician's statement and hereby consent to my child's retaining possession at all time of the aforementioned prescribed medication. I understand, and have informed my child, that any illegal use of the medication by the student (including the use of the medicine inconsistent with the prescription or sharing the medication with another) will result in disciplinary action. **During school hours my child has been instructed to take his/her medicine in the nurse's office. I will provide extra medication to be kept in the school nurse's office as backup for the one carried by my child.**

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3 (To be completed by student after guidance on the age of the student who signs this form is obtained)**

I understand that I am required to retain possession and control of my prescribed medication in accordance with the terms set forth in Section 1 and 2 of this form. **I have been advised of my responsibility to use the medication only in strict accordance with the prescription.** I understand that any use of my medication inconsistent with the terms of my prescription is an illegal use, as is the sharing of my medication with another person. I agree to carry a pharmacy-labeled container of medication, to keep a record of the times I use my medication, and to share the information with the nurse/teacher/administrator/coach who will help evaluate and monitor the effects of my medicine. **During school hours I will take the medication under the supervision of the school nurse or the person designated by the school nurse or the school administrator.**

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_