



NORTHWEST PUBLIC SCHOOLS

1R Cedar Hollow St. Libory
Lockwood Preschool Northwest High School

PARENTAL CONSENT FOR PRESCRIPTION MEDICATION

I give permission for Northwest Public School's school nurse and unlicensed trained personnel to administer the medication described below.

Prescription medication must be in the original container, properly labeled with instructions and name of the prescribing physician and not expired. If the prescription changes in any way, a doctor's note must be brought in to verify the change.

I understand that the prescribing physician may be contacted for further information.

Student Name: _____

Medication: _____

Name of Physician: _____

Signature of
Parent/Guardian: _____ Date: _____

Instructions for administering prescription medication per bottle/container:

Inhalers (check if applicable): _____

My child is proficient at self-administration of his/her inhaler and may carry it on them.

Inhaler name and instructions for administering:

Signature of Parent/Guardian: _____ Date: _____