



# 2019-20 Medication Permission Request and Consent Form

Bayhill High School requires that students who need medication during the school day have:

1. A signed 2019-20 medication consent form (this form)
2. Written instructions from a physician for any prescribed medication.
3. Medication brought to school in original container properly labeled by registered pharmacist to be locked up in the front office.

*\*Bayhill High School staff members are not permitted to administer any medication to your child unless these conditions have been met.*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Medication(s): \_\_\_\_\_

Specific Time(s) and Dose(s) to be given at school:

Are there restriction? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what and how long? \_\_\_\_\_

Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Over-The-Counter Medications

The following over-the-counter medications are available in instances of minor discomfort. Please place a check next to each medication Bayhill is approved to administer in these cases. If your student requests over the counter medication on a frequent basis (e.g. once a day) we ask that you please have them bring to the office their own supply with their name on it for their personal use.

- Ibuprofen     Antacids

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## CONSENT FORM

I give Bayhill High School personnel permission to administer the above medication(s) to my child as directed. I also understand that I must notify Bayhill administration when any change in medication type, dosage and/or duration has occurred.

Child's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_