

## NORTH NEWTON SCHOOL CORPORATION MEDICATION FORM

Dear Parent/Guardian:

This form must be completed, in full, prior to any medication, either prescription or nonprescription, being administered to your student. If you have any questions regarding this form, please contact Leisa Laffoon RN, the North Newton School Corporation Health Coordinator.

The administering of any medication, either prescription or nonprescription, will follow the North Newton Board of School Trustees policy #700-35. The following information is to be completed by the student's parent/guardian for nonprescription medication and by the student's physician for prescription medication.

Name of student \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Age \_\_\_\_\_ Approximate weight \_\_\_\_\_

Name of medication \_\_\_\_\_

Dosage level to be given to the student \_\_\_\_\_

Time of day medication is to be given to the student \_\_\_\_\_

Length of time medication is to be given from \_\_\_\_\_ to \_\_\_\_\_  
Date Date

How is the medication to be administered \_\_\_\_\_

Any restrictions concerning the student taking this medication \_\_\_\_\_

I give consent for my student (named above) to receive the above medication.

\_\_\_\_\_  
Signature of parent/guardian Date

\_\_\_\_\_  
Parent/guardian home phone# Parent/guardian work phone#

\_\_\_\_\_  
Signature of Physician Date

\_\_\_\_\_  
Printed Name of Physician Physician's office phone#

