



Presbyterian Christian School
Consent for Medication at School

Student Name: _____ Date of Birth: _____

Medication	Condition for which medication is needed	Dosage	Route	Time(s)/Frequency to be given

The undersigned parent or guardian gives Presbyterian Christian School permission to administer the listed medications to the student named above. By signing below, the parent/guardian expresses an understanding of the following:

- Students may not self-carry medication. The only exception to this is emergency medicines (e.g. asthma inhalers, EpiPens, glucagon, etc.). All other medications, prescription and OTC, will remain stored in the office.
- It will be the responsibility of the parent/guardian to inform the office of any medication and/or dosage changes.
- Medications must be in their original container. Prescriptions must have the pharmacy label affixed with the correct dosage and instructions. OTC must have the child's name written legibly on the bottle.
- PCS and its employees may not be held liable for any injury or illness resulting from the administration of the listed medications.

Parent or Guardian Signature

Name Printed

Date

This form is valid until: _____