

**PARENT/GUARDIAN CONSENT FOR GIVING MEDICATION AT
DESERT VISTA HIGH SCHOOL**

I hereby request and give my consent for the School Nurse or person designated by the School Administration to give to my child, _____, (Name and ID number) medication prescribed by _____ (Physician's name) for the period from _____ to _____.

The medication is furnished by me in the original container and is labeled with the following dosing instructions:

1. Name of medication and prescription number _____
2. Route of administration (by mouth, etc.) _____
3. Amount to be taken _____
4. Time of day to be taken _____
5. Expected duration of treatment _____
6. Physician's name _____
7. Reason for medication _____

Parent/Guardian Signature

Date

Nurse

Date

The School Nurse must be notified immediately of any change in medications.