

Prescription Medication Consent Form Elementary Level

Student: _____ Grade: _____ School Year _____

Medication _____ Indications _____ Allergies _____

Dose/ Route: _____ Time to be administered. _____

Start date: _____ Stop date: _____ other date: _____

Parent signature _____ Date _____

**All medications must be transported to school by the parent / guardian or by an adult.
Students are not allowed to transport medications to school.**

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| August | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| September | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| January | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apri; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Initials | Signatures | Initials | Signatures | Codes | |
|----------|------------|----------|------------|---------------|------------------|
| | | | | A –Absent | N- No show |
| | | | | F- Field trip | O- No medication |
| | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| July | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| Initials | Signatures | Initials | Signatures | Codes |
|----------|------------|----------|------------|-------------------------------------|
| | | | | A –Absent N- No show |
| | | | | F- Field trip O- No medication |
| | | | | |