



# CONCORD

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## CHRISTIAN SCHOOL

### Parent/Guardian Prescription Medication Consent Form

Full name of child \_\_\_\_\_

Grade/Teacher \_\_\_\_\_

Name of Practitioner ordering medication \_\_\_\_\_

Phone Number of Practitioner ordering medication \_\_\_\_\_

Name of medication/dosage \_\_\_\_\_

Time medication is to be given \_\_\_\_\_

How medication is to be given \_\_\_\_\_

Continue until \_\_\_\_\_

Reason for medication \_\_\_\_\_

Medication must be brought to the office by a parent/guardian & be in the original labeled pharmacy container.

I hereby give my permission to the CCS staff to give the medication to my child according to the written instructions of the Practitioner as shown on the prescription.

I further agree to hold Concord Christian School, and the CCS employee(s) who is (are) administering the medication harmless in any or all claims arising from the administration of this medication.

I agree to notify the school at the termination of this request or when any change in the above orders is necessary.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Phone number: \_\_\_\_\_