



Medication Consent Form

I, _____, give my consent for Reformation Staff, who work at Reformation Lutheran Church and School at 4670 Mt. Abernathy Ave, San Diego, CA 92117 to administer:

_____ to my child, _____.
(Print name of medication) (Print name of child)

*******Specific instructions to be completed on back of this form*******

In addition, I certify that I have personally instructed the appropriate staff on how to administer the medication to my child.

If necessary, I have also provided the facility with written instructions from my child's physician, or from a health care provider working under the supervision of my child's physician (for example, a physician's assistant, nurse practitioner or registered nurse). These instructions include:

- Specific indications (such as symptoms) for administering the medication in accordance with the physician's prescription.
- Potential side effects and expected response.
- Dose form and amount to be administered in accordance with the physician's prescription.
- Actions to be taken in the event of side effects or incomplete treatment response in accordance with the physician's prescription. This includes actions to be taken in an emergency.
- Instructions for proper storage of the medication.
- The telephone number and address of the child's physician.

Signature of authorized representative _____

Date _____



Medicine Provided: _____

Dosage: _____

Frequency: _____

Teacher's Initials: _____ time: _____
(when each dosage is given)

Teacher's Initials: _____ time: _____

Call for permission first? ____ Yes ____ No
(please check one)