



Parental Consent Form for Prescribed Medications

The Northampton Area School District and the State Board of Nursing in Pennsylvania require written orders from a physician or nurse practitioner for a student to receive any medication in school. This includes all over-the-counter medications. Written approval for the following guidelines will be required from the parents of each student for each school year.

I give my permission for my child to take the medication listed below. YES

STUDENT'S NAME: _____

PRESCRIBED BY DR.: _____

FOR THE PURPOSE OF: _____

NAME OF MEDICATION: _____

DOSAGE TO BE GIVEN: _____

TIME TO BE GIVEN: _____

BEGINNING DATE: _____ END DATE _____

I give my permission for the school nurse/secretary to contact the physician/dentist if necessary. YES

PARENT/GUARDIAN SIGNATURE

DATE

