

# The Villages Charter School Consent Form & Student Medication Administration Record

(To be completed for each medication)

School Year \_\_\_\_\_  
 Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
 Grade/Home Room (or Teacher) \_\_\_\_\_ Name of School \_\_\_\_\_  
 Physician \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Name and Dosage of Medication \_\_\_\_\_ Route \_\_\_\_\_ Frequency \_\_\_\_\_  
 Time(s) Given in School \_\_\_\_\_

I hereby grant permission to \_\_\_\_\_ designated school health personnel to assist in the administration of prescribed medication and/or treatment to my child while in school. It is my responsibility to notify the school if and when these orders change. **Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Initial & Time of administration: a complete signature and initials of each person administering medications should be documented on next page.

	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
AUG																															
SEPT																															
OCT																															
NOV																															
DEC																															
JAN																															
FEB																															
MAR																															
APR																															
MAY																															

## Medication Log Continued

CODES\*

(A) Absent (O) No Show (F) Field Trip (W) Dosage Withheld (N) No Medication Available (H) Holiday (FB) Fall Break (WB) Winter Break

(S)-Summer Break (PD) Professional Development (\*) Bad Weather Day

