

*To be used when you need to leave medication at school for your child.

Westbury Christian School Medication Consent Form

Name of Student (Print) _____ Grade _____ DOB _____

Westbury Christian School requires RenWeb consent from the parent/guardian for all over-the-counter medications the school provides (see handbook or RenWeb) and written consent for prescription or other medications dispensed at school or on school related trips.

My child needs the following prescription or other medication not listed on RenWeb:

Name/Strength of Medication (Print) _____

Start Date and Time: __/__/__ - __:___ am/pm **End Date** and Time: __/__/__ - __:___ am/pm

Dosage _____

I understand that I must provide these additional over-the-counter and/or prescription medications to the clinic in the following manner or they will not be dispensed:

- In the original container (It is recommended that a second bottle be obtained from the pharmacy with the correct prescription label affixed and with only the quantity of medication that is dispensed at school.)
- Properly labeled including the name of the medication, the dosage and the name of the student
- With this completed/signed document attached

I also understand that:

- Medications will not be allowed to be brought to and from school daily.
- ASPIRIN OR ANY MEDICATION CONTAINING ASPIRIN WILL NOT BE ADMINISTERED to any student under the age of 18.
- No student is to have ANY medication in their possession while on school property or at any school function, with the exception of asthma inhalers or EpiPens. (Inhalers & EpiPens should first be checked in through the clinic and have a written consent and Medical Action Plan on file, if applicable.)
- If a student is running a fever over 100.0, they must go home. While waiting for pick-up, medication may be given with consent from parent/guardian to relieve fever but still **does not allow the student to remain on campus.**

I give my permission for my child to receive the medication(s) set forth above as specified on this form and/or the prescription.

Signature: _____ Date: _____

Daytime Telephone Numbers: _____

