



JONES COUNTY SCHOOL DISTRICT
Over-the-Counter Medication
Parental Consent Form

Dear Physician/Parent/Guardian:

Date: _____

The faculty/staff of the Jones County School District do not render medical care except for First Aid. The Jones County Schools will not supply students with any form of over-the-counter medication. According to the Jones County School District Policy on Student Medication, all medications that are dispensed to students during school hours must be housed in the office. Over-the-counter medication should be accompanied by a completed Physician Order/Parental Consent Form. A physician's prescription or consent is required for the school nurse to administer any medication. However, parents may come to the school to administer medication to their child. Medication will not be administered per telephone notification.

The school must be provided the following information for an over-the-counter medication to be dispensed:

Student Name: _____ Age: _____

Grade/Teacher: _____

Type of Illness or Injury: _____

Name of Medication: _____

Dosage: _____ Route: _____ Time to be Administered: _____

*NOTE: School designee will provide assistance for the child with self-administration of the above medication. If the medication is to be administered more than once during the day, please list all times to be administered.

I, _____, authorize the school principal, or his/her designee, to
Parent/ Guardian Signature

dispense the above over-the-counter medication to my child, _____,
Name of Student

according to the above stated instructions.

Physician Signature

Date

Clinic/Office Address

Phone