



**JONES COUNTY SCHOOL DISTRICT**  
**Prescription Medication**  
***Parental Consent Form***

Dear Parent/Guardian:

Date: \_\_\_\_\_

According to the Jones County School District Policy on Student Medication, all medications that are administered to students during school hours must be housed in the office. Prescription medication must be in the original container with a pharmacy label for that student. Medication will not be administered as a result of telephone notification. The school must be provided with the following information for the medication to be administered:

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 prescription medication to my child, \_\_\_\_\_,  
Name of Student

according to the above stated instructions.

Date: \_\_\_\_\_