



REDWOOD CONSENT FOR ADMINISTRATION OF MEDICATIONS

STUDENT NAME: _____

DOB: _____

Date meds provided: _____ **Quantity:** _____

INSTRUCTIONS:

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated. The quantity of the medication must be listed.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting Redwood Cooperative School personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.
5. Please provide medication, in a see-through zip top bag, with instructions for administration.

MEDICATION NAME:

DOSAGE:

ADMINISTRATION TIMES (PLEASE BE SPECIFIC):

I authorize Redwood Cooperative School personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:

Parent/Guardian Signature:

Date: _____