Union County Public Schools Medication Consent Form

Telephone:	Fax:
Birthd	ate
your consent and written authorizate for your child to receive prescription	ion from a health care provider with prescriptive and/or non-prescription medicines.
prescribing healthcare provider with comedicine in its original container. On	this medicine during school hours. I also give questions/concerns. I understand that it is my n behalf of my child I absolve the Union County ever that may result from my child taking this
e Contact numbers (t	telephone, cell phone, pager, etc.)
Both sides of this form are require	ed for emergency self carry medications*****
th Care Provider:	
Strength/l	Dose
give, at what time and/or how often, relat	tionship to meals, specific indications if "as needed")
·	
	order to maintain or improve health and to and parents/guardians if there are any
Date Telephone	Fax
Practice name /add	ress
	your consent and written authorizate for your child to receive prescription be permission for my child to receive prescribing healthcare provider with a medicine in its original container. Of ees from any and all liability whatsometers are required to the Care Provider: Strength/ Strength/ give, at what time and/or how often, related to the principal and/or school nurse the Care Provider and the principal and/or school nurse the Care Provider and the principal and/or school nurse the Care Provider and the principal and/or school nurse the Care Provider and the principal and/or school nurse the Care Provider and the principal and/or school nurse the Care Provider and the principal and/or school nurse the Care Provider and the principal and/or school nurse the Care Provider and the principal and/or school nurse the Care Provider and the principal and/or school nurse the Care Provider and the principal and/or school nurse the Care Provider and the principal and/or school nurse the Care Provider and the principal and/or school nurse the Care Provider and the principal and/or school nurse the Care Provider and the principal and/or school nurse the Care Provider and the principal and/or school nurse the Care Provider and the principal and/or school nurse the Care Provider and the principal

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