



THE
BURLINGTON
SCHOOL

Medication Administration Form

Parent/Guardian Consent

I hereby request and authorize personnel of The Burlington School to administer prescribed or over-the-counter medication as directed to _____.

STUDENT'S NAME

For **ALL** medication, please list the medicine, dosage to administer and the frequency of the dosage (example: Children's Tylenol, 2 tablets every 4 hours):

Is refrigeration required: _____

Special instructions (symptoms signaling need for administration, medication indications, reasons to hold medication, contraindications, etc.):

*** Prescription medication **MUST** be in its original packaging that provides the current prescription information. ***

Signature of Parent/Guardian: _____

Relationship to Student: _____

Print Name: _____ Date: _____

Student's Teacher or Advisor: _____