

Please keep this form at home to fill in and bring to school whenever you are sending medication for your child. The school will not furnish any type of medication— aspirin, Tylenol, etc.

Mills River Seventh-day Adventist School
2142 Jeffress Road
Mills River NC 28759
785-2319

MEDICATION CONSENT FORM

Student Name: _____ Birth Date: _____

Known Allergies: _____

Mills River Seventh-day Adventist School has my permission to give my child the following medication:

PRESCRIPTION:

Medication: _____

Dosage: _____

Days to Administer: From _____ to _____

Name & phone number of doctor: _____

Purpose of medication: _____

Side effects: _____

OVER THE COUNTER:

Medication: _____

Dosage: _____

Days to Administer: From _____ to _____

Purpose of medication: _____

Parent Signature _____ Date _____