



## Medication Consent Form

Please indicate the Pointe School your student will be attending.

- Canyon Pointe Academy     Pinnacle Pointe Academy     North Pointe Preparatory

Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

First Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies: \_\_\_\_\_

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### Medication Instructions

<u>Medication</u>	<u>Start Date</u>	<u>Stop Date</u>	<u>Dose Frequency</u>	<u>Route</u>
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Comments: \_\_\_\_\_

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I authorize Student Health Services to give the medication(s) listed above to my child.

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All medications must be checked in with Student Health Services and must bare a pharmacists' label with the recommended dosage. No medication, including over-the-counter drugs such as pain relievers, vitamins and cough syrup, can be dispensed or used at school unless these guidelines are followed. Students are not permitted to have prescription or over-the-counter medications in their possession on campus. All medications are to be checked into Student Health Services. Consequences for violations in this area will reflect ZERO TOLERANCE and could result in suspension and/or expulsion.