

COTTING SCHOOL

(2017 – 2018)

MEDICATION CONSENT VERIFICATION FOR STUDENTS NOT TAKING
MEDICATIONS AT SCHOOL

Student's Name: _____

_____ My child **does not** take non-prescription medications at school.

_____ My child **does not** take prescription medications at school.

I understand that if my child does begin to take prescription or non-prescription medications at school, a consent form and doctor's order are required to be submitted to the Student Services Office.

Parent/Guardian Signature: _____

Student Signature (18 & own guardian): _____

Date: _____