



Coastal Waters Chartered Public School

Medication Consent Form

Name of student: _____ Date of Birth: _____ Grade: _____

I, _____ (parent or guardian) give permission for designated medication administrator at Coastal Waters to dispense over-the-counter medications to my child _____ during the 2023-2024 school year. *Prescription medications must include a doctor's note and a separate form will need to be filled out.*

List any medication allergies: _____

Following the medication administration, parents/guardians will be notified via school cues of any over-the-counter medications dispensed to their child during the school day.

Signature of parent/guardian: _____ Date: _____