

**INFORMED CONSENT FORM FOR MEDICATION**

*Jonesport-Beals High School  
180 Snare Creek Lane  
Jonesport, Maine 04649  
207- 497-5454*

It is necessary for my son/daughter to receive medication during school hours. I am aware that non-medical (or unlicensed) personnel will be administering the medication.

I have read the Base Protocol for Medication in policy JLCD and have provided written instructions from the family physician and all required information.

Information regarding my child's medication may be shared with appropriate school personnel.

I understand that this consent is valid for the current school year only.

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Parent(s)/Guardian(s)

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Date

DATE ADOPTED: July 1, 2003  
DATE REVISED: October 20, 2005