The Villages® Charter School

Consent Form & Student Medication Administration Record

TO BE COMPLETED FOR EACH MEDICATION

Student Name | Date of Birth | Sex | Grade

Physician Name | Allergies

Name and Dosage of Medication | Route | Frequency | Time(s) Given

	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
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2										
3										
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I hereby grant permission to

_____

designated school health personal to assist in the administration of prescribed medication and/or treatment to my child while in school.

It is my responsibility to notify the school if and when these orders change.

Parent/Legal Guardian Signature

Date

DIRECTIONS:

Initial & time of administration: a complete signature and initials of each person administering medications should be documented on next page.

CODE TABLE:

(A) Absent

(E) Early Dismissal

(F) Field Trip

(N) No Medication Available

(O) No Show

(W) Dosage Withheld

(PD) Professional Development

(S) No School (e.g., holiday, weekend, break, etc.)

The Villages® Charter School | tvcs.org | 352-259-2350 | 350 Tatonka Terrace, The Villages, FL 32162

Last Updated: June 2, 2025

MEDICATION LOG CONTINUED

Signature (of person administering medication)	Initials	Date

MEDICATION COUNTS: ON HAND/# RECEIVED OR RETURNED/TOTAL/INITIALS (NURSE/ PARENT)

Date/Time	On Hand	# Received +/ Returned -	Total	Nurse Initials	Parent Initials