

Medication Consent Form

Student _____ Parent/Guardian _____

Teacher _____ Home/Wk Ph # _____

Date _____ Emergency Contact & Ph # _____

Dear Parents,

Caldwell School District Policy allows the school nurse or designee to assist students in taking medication when specific guidelines are followed. The medication must be supplied by the parent and in its original container. The student's name and directions for administering the medication must be written on the container. For prescription medications, the pharmacist's label must be displayed on the container.

The consent form must be completed and signed by the parent or guardian. In the case of prescription medications, the physician's signature is also required.

Secondary school students (grades 9 – 12) may keep and administer their own non-prescription medication, but they may bring only one day's supply of medication to school. **Students are not allowed to give their medication to other students.** A completed Medication Consent Form must be on file in the nurse's office and a copy in the student's possession. The medication must be in its original container.

Elementary and secondary students may carry their asthma inhalers, insulin or epinephrine if necessary. A Medication Consent Form must be on file in the Nurse's Office and a copy in the student's possession.

No medication, prescription or non-prescription, is to be dispensed to or taken by a student without meeting these requirements.

Medication _____ Amount _____ Time _____

Medication _____ Amount _____ Time _____

Condition for which medication is being given _____

Possible reactions to the medication _____

According to the above instructions:

____ The medication is to be stored in the Health Office and dispensed to the student.

____ The medication is to be stored in the Health Office and self-administered by the student.

____ The medication is to be carried by the student and self-administered. Gr. 9 -12 only (with exception of inhalers, insulin or epinephrine).

Doctor Signature _____ Parent Signature _____

Nurse Signature _____ Designee Signature _____

Parent Authorization for Self-Administered Medications including Asthma/Diabetic/Emergency

I give my permission for my child to self-administer the medication described above. I shall indemnify and hold harmless the district and its employees or agents for legal fees, costs and any potential damages concerning self-administration of this medication arising out of any claims brought by the above named child or anyone else.

Parent/Guardian Signature _____ Date _____