

COMMUNITY CHRISTIAN SCHOOL

**SCHOOL CONSENT FORM FOR ADMINISTRATION OF MEDICATION
(To be renewed annually)**

Student _____ Date of Birth _____

Parent/Guardian _____

Teacher/Grade _____

PHYSICIAN'S OR AUTHORIZED PRESCRIBER'S ORDER:

<u>Medication Name</u>	<u>Dosage</u>	<u>Time</u>	<u>Start Date</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Diagnosis/Medical reason for medicine: _____

Other recommendations/restrictions/unusual side effects: _____

The student is both capable and responsible for self-administering this medication (subject to CCS policy)
_____NO _____YES, supervised _____Yes, unsupervised

Physician's Signature _____ Date _____

Print Physician's Name _____ Phone No. _____

Clinic Name _____ Fax No. _____

PARENT/GUARDIAN AUTHORIZATION

1. I request that the above medications be given to my child during school hours as ordered by this student's health care provider (HCP). I understand I must provide prescription medications in an original pharmacy container with a current label. Over-the-counter preparations must be provided in the original, labeled container. All medications must be brought to school by a parent/guardian.
2. I give permission for a teacher/responsible adult to administer the medication on a field trip, as necessary, following school procedure.
3. I will immediately notify the school of any change in the medication or Health Care Provider's (HCP) order, dosage, change, frequency, or duration of administration.
4. I give permission for this information to be released to school personnel. The information you provide will be shared only with staff in the school whose jobs require access to this information to ensure your child's safety and school success.
5. I understand that I can refuse to share this information with other school staff (contact the school nurse).
6. I release all school personnel and the school district from any and all liability in the event of any adverse reaction resulting from the use or administration of this medication.

(Parent/Guardian Signature)

(Date)

(Home Phone)

(Work Phone)

(Cell Phone)