VALLEY CHRISTIAN SCHOOLS™
Quest for Excellence

"Do it heartily as to the Lord." Col. 3:23

Medication Consent Form

☐ High School ☐ Jr. High School ☐ Elementary School

Prescription or Non-Prescription

Student Name _____ Date _____

Name of medication _____ Purpose of medication _____

Date to begin medication _____ Date to end medication _____

Amount to be given _____ Times to be given _____ Times per day _____

Possible adverse reactions _____

Special instructions for storage of medication _____

Special instructions for administration of medication _____

Physician's Name _____ Physician's Phone _____

Physician's Signature (for prescriptions) _____ Date _____

Administrative Statement

Any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement.

The student is to bring the medication to school and must be delivered to the school office first thing in the morning in the **original container. All medication must have the student's name clearly marked on the container. This form must be completed before medication will be administered.**

Parental Consent for Administering Medication

I give Valley Christian Schools personnel the permission to give my child, _____
(print first and last name)

the medication (listed above). As the parent or legal guardian, I hereby agree to release Valley Christian Schools from all liability, claims, damages, harmful effects, or expenses arising out of the administration of the medication and/or for any adverse effects or reactions attendant to the administration of the medication to the aforementioned student.

_____ _____ _____

Parent/Guardian Signature | Home Phone/Work Phone | Date

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