



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



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

CONTRACT FOR STUDENT TO SELF-CARRY INHALER

STUDENT

- I plan to keep my Inhaler with me at school rather than in the school office.
- I agree to use my Inhaler in a responsible manner, in accordance with my physician's orders.
- I will notify the school office immediately if my Inhaler has been used.
- I will not allow any other person to use my Inhaler.

Student's Name _____

Student's Signature _____ Date _____

PARENT/GUARDIAN

- This contract is in effect for the current school year unless revoked by the physician or the student fails to meet the above safety contingencies.
- The local school administration unit and its employees are not liable for an injury arising from a student's possession and self-administration of the Epinephrine medication.
- I agree to see that my child carries his/her medication as prescribed, that the device contains medication, and that the medication has not expired.
- It has been recommended to me that a back-up Inhaler be provided to the school office for emergencies along with Benadryl.
- I will review the status of the student's allergy with the physician on a regular basis as agreed in the treatment plan.

Parent's Name _____

Parent's Signature _____ Date _____

HIGH SCHOOL OFFICE

- The above student has demonstrated correct technique for Inhaler use and an understanding of the physician's order for emergency use of the Inhaler.
- School Staff that has the need to know about the student's condition and the need to carry medication has been notified.

Office Staff Name _____

Signature _____ Date _____



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

CONTRACT FOR STUDENT TO SELF-CARRY EPI-PEN STUDENT

STUDENT

- I plan to keep my Epi-Pen with me at school rather than in the school office.
- I agree to use my Epi-Pen in a responsible manner, in accordance with my physician's orders.
- I will notify the school office immediately if my Epi-Pen has been used.
- I will not allow any other person to use my Epi-Pen.

Student's Name _____

Student's Signature _____ Date _____

PARENT/GUARDIAN

- This contract is in effect for the current school year unless revoked by the physician or the student fails to meet the above safety contingencies.
- The local school administration unit and its employees are not liable for an injury arising from a student's possession and self-administration of the Epinephrine medication.
- I agree to see that my child carries his/her medication as prescribed, that the device contains medication, and that the medication has not expired.
- It has been recommended to me that a back-up Epi-Pen be provided to the school office for emergencies along with Benadryl.
- I will review the status of the student's allergy with the physician on a regular basis as agreed in the treatment plan.

Parent's Name _____

Parent's Signature _____ Date _____

HIGH SCHOOL OFFICE

- The above student has demonstrated correct technique for Epi-Pen use, and an understanding of the physician's order for emergency use of the Epi-Pen.
- School Staff that has the need to know about the student's condition and the need to carry medication has been notified.

Office Staff Name _____

Signature _____ Date _____