



COEUR D'ALENE CHARTER ACADEMY
PHYSICIAN AND PARENT/GUARDIAN CONSENT FORM FOR STUDENT
SELF-ADMINISTRATION OF MEDICATION

PHYSICIAN SECTION

Name of student

Date of Birth

The above named student has _____
Diagnosis

I am requesting the above named student be allowed to carry and self-administer the following medication during school hours and extra school hours and extracurricular activities.

Name of medication

Type of medication (e.g. inhaler or epi pen)

Dosage

Time(s) to be administered

Possible side effects

I certify that _____ (student's name) has been instructed in the use and self-administration of the above medication(s). He/she understands the need for the medication, and the necessity to report to school personnel any unusual side effects. He/she is capable of using this medication independently.

Signature of physician/care provider

Print name of physician/care provider

Telephone number of physician/care provider

Fax number of physician/care provider

PARENT/GUARDIAN SECTION

I give my permission for my child to self-administer the medication described above. I give my permission to the school to call 911 in the event that my child does not have his/her medication and an emergency situation does arise. I shall indemnify and hold harmless the Coeur d'Alene Charter Academy 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 damages concerning self-administration of this medication arising out of any claims brought by the above named student/child or anyone else.

Parent/Guardian Signature

Date

Print Name

Parent Cell Phone