

**CENTRAL WISCONSIN CHRISTIAN SCHOOL
PHYSICIAN AND PARENT/GUARDIAN MEDICATION ADMINISTRATION CONSENT FORM**



Student's Full Name: _____ Grade: _____ Sex: ___ M ___ F

Home Address: _____ Telephone: _____

List known drug allergies: _____

Name of physician prescribing medication: _____ Physician's Telephone No. _____

Physician's clinic and address: _____

Name of person(s) who will be giving medication during school hours: _____
(to be filled out by school principal or representative)

Medication	Dose	Diagnosis	Method to be given	Time/s to be given	Duration From/To	Planned Effects Of Medication	If prn medication, list condition when to be given	When to contact Dr.

Self-Administration of Emergency Meds (Inhalers, Glucagon, etc.)

Medication	Dose	Diagnosis	Method to be given	Time/s to be given	Duration From/To	Planned Effects Of Medication	If prn medication, list condition when to be given	When to contact Dr.

Students are permitted to possess and use inhalers independently in grades 6-12. Elementary age students may use inhalers independently at the discretion of physician and parent.

Level of independence recommended for this student:

- _____ Totally independent (has been trained by physician on use and is prepared to self-administer.)
- _____ Inhaler used with teacher supervision and kept in teacher's desk (4K-5)
- _____ Other _____

(Physician's Signature)

I hereby give permission to the above named person(s) to give the medication(s) to my child/ward according to the directions stated above and further authorize them to contact the child's/ward's physician. I agree that the school, its employees, and agents who act within the consent granted by this document, shall not be liable for any claims that I may have arising from the administration of this medication to my child/ward, and further agree to hold the school, its employees, and agents harmless against any claims that may be brought against them arising from the administration of this medication at school while such administration is being done in conformity with this consent.

I agree to notify the school in writing at the termination of this request or when any change in the above order is necessary.

(date)

(Signature of Parent/Guardian)