| Caldwell County Schools<br>Student Support Services/Student Health | Request for Medication | A-3820-A |
|---|---|---|

# Caldwell County Schools

# MEDICATION CONSENT FORM

**PART I: TO BE COMPLETED BY PARENT/GUARDIAN**

| **Student:** | **School:** | **School Year: /** |
|---|---|---|
| **Medication:** | **Dosage:** | **Time to be Given:** |
| **Description of Medication:** (e.g. white pill with blue center, Inhaler with white label) | | |

## Parent/Guardian Permission

I hereby give permission for my child to receive medication at school. I release the Caldwell County Board of Education, their agents, and employees from all liability that may result from my child taking the named medication.

☐ Prescription Medication: This medication has been prescribed by a licensed physician and will be furnished within a container properly labeled by a pharmacist with identifying information, (e.g. name of child, medication dispensed, dosage prescribed and time to be given).

☐ Over the Counter Medication: This medication will be furnished in its original container with identifying information, (e.g. name of child, dosage, and time to be given).

| **Parent/Guardian Signature:** | | **Date:** |
|---|---|---|
| **Home Number:** | **Work Number:** | **Cell Number:** |

---

## EMERGENCY MEDICATION

**PART II: TO BE COMPLETED BY PHYSICIAN FOR STUDENT-CARRIED EMERGENCY MEDICATION**

☐ Asthma
☐ Seizures

☐ Hypo/Hyperglycemic Episodes
☐ Severe Allergic Reactions
☐ Other:

**The following medication may be self-administered:**

______________________________________________

(*Medication*) (*Dosage*) (*Frequency*)

**Contraindications for Administration:** (including side effects, toxic reactions, omission reactions):

______________________________________________

______________________________________________

**This student has demonstrated competency and may carry and self-administer above listed emergency medications.**

______________________ ______________________ ______________________

**Physician Signature** **Date** **Telephone**

**Revised: April 2006**
**Revised: September 2007**