



**Caldwell County Schools**  
**MEDICATION CONSENT FORM**

<b>Student:</b>	<b>School:</b>	<b>Today's Date:</b>
<b>Date of Birth:</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Parent/Guardian:</b>		

**To be completed by your healthcare provider. Use a separate form for each medication.**

Medication \_\_\_\_\_ Dosage/Route \_\_\_\_\_

Time (s) medication is to be given at school \_\_\_\_\_

Reason for medication \_\_\_\_\_

Side Effects / Precautions \_\_\_\_\_

**START DATE** \_\_\_\_\_ **STOP DATE** \_\_\_\_\_

***Emergency Medications:***

**This student is capable and responsible to self-carry emergency medication (*please check below*)**

**(only for epi-pens, inhalers, insulin, emergency medications for seizures and diabetes)**

- No  Yes, with supervision  
 Yes, Unsupervised- I have instructed the student in proper use/care of the medication.

X \_\_\_\_\_  
**Healthcare Provider Signature** **Date** **Phone Number**

**TO BE COMPLETED BY PARENT/GUARDIAN**

I hereby give my permission for my child (named above) to receive the above medication at school. I assume full responsibility and will inform school staff of any changes for medication or health status. I hereby release Caldwell County School Board, their agents, and employees from any and all liability that may result from this medication administration. I agree to furnish medication in original, properly labeled pharmacy or store container.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_