

**RIO COMMUNITY SCHOOL DISTRICT
MEDICATION CONSENT FORM**

PART I - TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Name of Child: _____ School: _____ Grade: _____

Parent Name: _____ Phone: _____

Address: _____

Name of Health Care Provider: _____ Phone: _____

Address: _____

Name of medication _____ Reason for medication: _____

I hereby give my permission to the designated school personnel to give medication to my child according to the written instructions of the health care provider as shown in Part III of this form, and also as identified under Emergency Medications and Part II of this form. I also hereby give my permission to the designated school personnel to contact the child's health care provider.

I further agree to hold the Rio Community School District, it's employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of the medication at school and school related activities.

Signature of Parent/Legal Guardian

Date

**EMERGENCY MEDICATIONS: RESCUE (IMMEDIATE ACTING) INHALER, EPI PEN,
& GLUCAGON:**

I agree that the above named child may carry and self-administer his/her inhaler, Epipen, and/or glucagon. **(Part III also needs to be completed.)**

Signature of Parent/Legal Guardian

Date

**PART II- TO BE COMPLETED BY PARENT/LEGAL GUARDIAN FOR
NONPRESCRIPTION MEDICATION ONLY**

Medication name: _____ Reason for medication: _____

Medication dosage, time to be given: _____

**PART III - TO BE COMPLETED BY HEALTHCARE PROVIDER FOR
PRESCRIPTION MEDICATION ONLY**

Please administer the following medication(s) to:

Name of Child: _____ School: _____ Grade: _____

Diagnosis: _____

Medication: _____

Medication dose, route, frequency: _____

Possible side effects: _____

Start date: _____ Stop date: _____

Healthcare Provider: I authorize the administration of the medication described above and agree to assist and advise non-medically trained school personnel with regard to the administration of such medication. I further acknowledge that all instruction should be stated in language of the lay person.

Direct contact shall be made with me should the student receiving the medication develop any of the following conditions or reactions to the medication: if none, please state:

Healthcare Provider's Signature

Phone number

Date

**EMERGENCY MEDICATIONS: IMMEDIATE ACTING INHALERS, EPI PEN. &
GLUCAGON.**

This child and his/her parents/guardians have been instructed in self-administration, and child may self-administer when needed.

If needed, how soon can administration of medicine be repeated? _____

Healthcare Provider's Signature

Phone number

Date