

## CORE EDUCATION COOPERATIVE

### CONSENT FOR MEDICATION ADMINISTRATION FORM

(FILE: JHCD-E)

#### Student Information

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

#### Medication Authorization

I am the parent/guardian of the above-named student and I authorize my child/ward to be administered the prescription or nonprescription medication identified below while on school property or at a school-related event or activity.

#### Medication Details

Medication Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be Administered: \_\_\_\_\_

Authorization Start Date: \_\_\_\_\_

Authorization End Date: \_\_\_\_\_

#### Consent and Acknowledgement

- ☐ I release the school district, its employees, and agents from liability for injury arising from the school's administration of this medication.
- ☐ I understand that misuse of the medication may result in disciplinary action by the school. However, such action will not restrict my child's immediate access to the medication.
- ☐ I authorize school personnel (nurses, teachers, aides, administrators, activity supervisors, bus drivers) to be informed of the medication as necessary.
- ☐ I acknowledge that the school will store the medication securely and that it may not be kept in my child's locker.
- ☐ I understand that the school and individuals involved will not be held liable for any adverse effects or consequences related to the administration of this medication.

#### Signatures

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature (if age-appropriate): \_\_\_\_\_

Date: \_\_\_\_\_