



Christian Family Academy Medication Consent Form

Telephone: 828-256-8474

Fax: 828-256-0132

This form is required for your child to receive medicines in school. A separate form is required for each medicine. New consent forms are required every year at the beginning of school, whenever the dose or directions change, or when a new medicine is prescribed. It is the parent's responsibility to provide all medicines to be given at school. Each medicine must be in an appropriately labeled original container from the pharmacy or healthcare provider's office.

Student's Name: _____ Date of Birth: _____
First MI Last

To be completed by the physician or authorized prescriber

Diagnosis/Reason for medication: _____

Name of Medication: _____

Form of medication/treatment:

Tablet/capsule Liquid Inhaler Injection Nebulizer Other

How often and/or at what time: _____

Purpose of medication: _____

Relationship to meals: _____

Specific Indications: _____

This student is both capable and responsible for self-administering this medication: Yes No

This medication may be omitted on a field trip: Yes No

Signature of Healthcare Provider: _____ Date: _____

Print practitioner's last name: _____ Phone: _____

To be completed by the parents

I give permission for my child to receive this medicine during school hours. I also give permission for school staff to contact the prescribing healthcare provider with questions or concerns. I understand that it is my responsibility to purchase and supply this medicine in its original container. On behalf of my child, I absolve Christian Family Academy, their staff, agents and employees from any and all liability whatsoever that may result from my child taking this medicine at school.

Signature of Parent or Guardian: _____ Date: _____