

Self-Medication Administration Consent Form

Instructions: This form must be filled out and signed annually by the student's parent or guardian before the student will be allowed to carry and administer medication.

Student's Full Name	
Student's Date of Birth	
School of Attendance;	
Grade	
Teacher	
Parents Phone	Work: Cell: Home:
Medication(s)	1. 2.
Agreement Statement	<p>I understand and agree to the following:</p> <ol style="list-style-type: none"> 1. I agree to assume responsibility for sending my child's medication in its original prescription container 2. I agree to make certain that my child takes responsibility for taking the medication as prescribed. 3. I also agree that the Northern California Conference, the school and/or their employees shall not be liable for loss, damage, injury, or liability of any kind to any person caused or arising from acts, omissions or negligence of the school or its employees relating to the self-administered medication by my child.

Parent/Guardian Agreement	<p>I have read and understand this form and consent to the above provisions.</p> <p>Signature _____</p> <p>Date _____</p>
Student Agreement	<p>I agree and feel competent to take my own medication as prescribed. I will not at any time share my medication with another student and I will keep it secure from other students.</p> <p>Signature _____</p> <p>Date _____</p>
Physician Agreement	<p>This student is under my care and needs to carry this medication with him/her at school. I have given the student instructions for administration of this medication and give authorization for the self-administration of this medication.</p> <p>Name of Physician _____</p> <p>Signature of Physician _____</p> <p>Date _____</p>



Adventist Education

Northern California
 Conference
 Office of Education
 PO Box 23165
 Pleasant Hill, CA 94523
 925.685.4300
 925.686.2014 (FAX)

Authorization to Dispense Medication

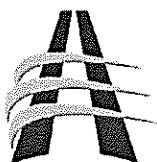
Except for first aid, personnel shall not hand out prescription or nonprescription medications to a child without specific written authorization from the child's physician and the parent. All medication shall be stored and administered in accordance with the prescription or label instructions and kept in a safe place that is inaccessible to children. Each dose of medication given to a child shall be documented showing the child's name, name of medication, dosage, date and time given, and the name of the person dispensing the medication.

Student's Full Name	
School	
Name of Medication or Prescription	
Beginning Date	
Ending Date	
Time(s) of Day to be Given	
Amount/Dosage to be Given <i>(please supply your child's own dispenser for giving liquid medication)</i>	
Additional Instructions, if any	
Physician's Name	
Physician's Signature	

Date	Time	Dosage	Signature

Additional sheets will be attached as necessary

Parent Agreement	<p>I have delivered the above medication in the original container and request that it be given to my child at school by personnel as prescribed. I have provided a proper measuring spoon for any liquid medication. I recognize that the school does not have a medically trained employee available to administer this medication and that a medically untrained person will perform this function. I have provided all necessary instruction on this form. I release the school, its personnel, and the Northern California Conference of Seventh-day Adventists from any liability in relation to the administration of this medication at school.</p> <p>Signature _____</p> <p>Date _____</p>
Medication Return	<p>Medication was returned to the family by:</p> <p>Name of School personnel _____</p> <p>Date _____</p>



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