Center Grove Community School Corporation

Consent for Administration of Medication

Student's Name_____ Grade_____ DOB_____

School (circle): HS MSN MSC CGE MGE NGE PGE SGE

Medication Name	Dose	Time(s) to be given	Daily	As Needed	Medical Condition

NOTE: All prescription medication MUST be supplied in the original, labeled prescription container.
All over-the-counter (OTC) medications MUST be supplied in the original, unexpired container.
See CGCSC Guidelines for Medication Administration for complete guidelines.

Early Release Wednesday's: Hold Medication on ER Wednesday's Yes_____ No_____
Give Medication at same time on ER Wednesday's. Yes_____ No_____
Give Medication at a different time on ER Wednesday's. Time to be given _____ am/pm

Parent/Guardian Authorization

1. I request that the above medication(s) be given during school hours as indicated above.
2. I will notify the school clinic of any change in the medication(s), i.e., dosage change, medication is stopped, etc.
3. I give permission for the medication(s) to be given by trained school personnel when delegated by the school nurse in his/her absence or while attending a field trip.
4. I release school personnel from liability in the event adverse reactions result from taking this medication.
5. This consent may be revoked at any time by sending a written notice to the school nurse.

_____
Parent/Guardian signature Date

Permission for Release of Information

1. I give permission for the school nurse to communicate, as needed, with appropriate school staff about the above medication(s).
2. I give permission for the school nurse to consult with my child's physician/licensed prescriber about any questions regarding the listed medication(s) and/or medical condition(s) being treated by medication(s).
3. I give permission for the physician/licensed prescriber to release information related to the above medication(s) and medical condition(s) to the school nurse.

_____
Parent/Guardian signature Date

For High School Students Only ONLY (Grades 9-12)

I give the CGHS clinic staff permission to send the above medication (this does not include controlled substances) home with my child at the end of the school year or when this medication is no longer needed to be given at school.

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Parent/Guardian Signature Date