



COEUR D'ALENE CHARTER ACADEMY

PHYSICIAN AND PARENT/GUARDIAN CONSENT FORM FOR STUDENT SELF-ADMINISTRATION OF MEDICATION

PHYSICIAN SECTION

Name of student

Date

The above named student has _____
Name of disease, syndrome, condition

I am requesting the above named student be allowed to carry and self-administer the following medication during school hours and extracurricular activities.

Name of medication

Type of medication (e.g. inhaler or epi pen)

Dosage

Time(s) to be administered

Possible side effects

I certify that _____ has been instructed in the use and self-administration of the above medication(s). He/she understands the need for the medication, and the necessity to report to school personnel any unusual side effects. He/she is capable of using this medication independently.

Signature of physician/care provider

Print name of physician/care provider

Telephone number of physician/care provider

Fax number of physician/care provider

PARENT/GUARDIAN SECTION

I give my permission for my child to self-administer the medication described above. I give my permission to the school to call 911 in the event that my child does not have his/her medication and an emergency situation does arise. I shall indemnify and hold harmless the Coeur d'Alene Charter Academy and its employees or agents for legal fees, costs, and any potential damages concerning self-administration of this medication arising out of any claims brought by the damages concerning self-administration of this medication arising out of any claims brought by the above named student/child or anyone else.

Parent/Guardian Signature

Date

Print Name