



**COEUR D'ALENE CHARTER ACADEMY  
PHYSICIAN AND PARENT/GUARDIAN CONSENT FORM FOR STUDENT  
SELF-ADMINISTRATION OF MEDICATION**

**PHYSICIAN SECTION**

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\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Date of Birth

The above named student has \_\_\_\_\_

\_\_\_\_\_  
Diagnosis

I am requesting the above named student be allowed to carry and self-administer the following medication during school hours and extra 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 \_\_\_\_\_ (student's name) 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**

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*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

\_\_\_\_\_  
Parent Cell Phone