

**MEDICATION ADMINISTRATION CONSENT FORM**  
**RICHMOND CHRISTIAN SCHOOL**  
To Be Completed by Parent or Guardian

NAME OF STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_

DOSAGE (amount to be giving at school): \_\_\_\_\_

REASON FOR MEDICATION: \_\_\_\_\_

TIME (to be taken at school): \_\_\_\_\_

DATE BEGINNING MEDICATION: \_\_\_\_\_ DATE ENDING MEDICATION: \_\_\_\_\_

EXPIRATION OF MEDICATION: \_\_\_\_\_

PRESCRIBING PHYSICIAN'S NAME: \_\_\_\_\_  
(For Prescription Medication Only)

PARENT CONTACT NUMBER(S): \_\_\_\_\_

**PARENT/GUARDIAN PERMISSION**

I am the parent/guardian of \_\_\_\_\_. I give my permission and request that designated school personnel administer the above medication at the times and date indicated above. I agree to furnish prescription medication in the original container with the label intact. I agree to furnish non prescription (over the counter) medication in the original unopened container. I understand and accept that the Richmond Christian School Board, its employees, agents, or designees are not responsible for any effect of the medication administered. **\*Medications may not be sent in w/student\***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**SELF-ADMINISTERED and POSSESSION OF MEDICATIONS FOR ASTHMATIC/DIABETIC/SEVERE ALLERGY ONLY**

**For Epipens, Inhalers, and/or Insulin injections ONLY.**

I request and provide physician authorization that my child self-administer the above medication. I verify he/she is capable and responsible for self-administering the medication:

\_\_\_\_\_ With Assistance

\_\_\_\_\_ Without Assistance

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Epipen, Inhaler, and/or Insulin injections ONLY.**

I request and provide physician authorization that my child have possession of the above. I verify he/she is capable and responsible for having possession of this medication:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*\*\*\*END OF YEAR PICK UP\*\*\*\*\*

**ANY MEDICATION NOT PICKED UP BY THE LAST DAY OF SCHOOL WILL BE DISCARDED BY CLINIC PERSONNEL**

PICKED UP BY: \_\_\_\_\_ DATE: \_\_\_\_\_