

# Medication Consent Form

Student's Name \_\_\_\_\_

Grade/Teacher \_\_\_\_\_

The Rising Sun-Ohio County Community School Corporation has my permission to administer the following medication as instructed below to this student.

Name of Medication \_\_\_\_\_

Dosage or amount to be given \_\_\_\_\_

Time(s) to be given \_\_\_\_\_

Reason student requires medication \_\_\_\_\_

The Rising Sun-Ohio County Community School Corporation and its employees are released from any liability for side effects experienced due to the administration of this medication.

Parent/Guardian

Signature \_\_\_\_\_

Relationship \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ The School Corporation has my permission to release the medication listed above to \_\_\_\_\_.

\_\_\_\_\_ **GRADES 5-12 INHALERS ONLY**, the student listed above has my permission to carry his/her inhaler with them with the understanding that staff members will send the student to the clinic for assistance at any time he/she feels necessary.