



Cole Valley Christian Schools  
200 E. Carlton Ave  
Meridian, ID 83642  
208-947-1212  
[www.colevalleychristian.org](http://www.colevalleychristian.org)  
[www.discovercolevalley.com](http://www.discovercolevalley.com)

## Medication Consent Form

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

Grade: \_\_\_\_\_

MEDICATION(S) NEEDED AT SCHOOL:

Medication

Dosage/Strength

Time Needed

_____	<input type="checkbox"/> continuous <input type="checkbox"/> temporary
_____	<input type="checkbox"/> continuous <input type="checkbox"/> temporary
_____	<input type="checkbox"/> continuous <input type="checkbox"/> temporary

1. When it is necessary for medication to be taken at school, it must be brought in the original container with appropriate label intact.
2. Parent/guardian must sign this form agreeing on the best option for their student's medication to be administered.
  - My student will self-administer as needed at school. The medication will be brought to school daily and/or kept in their locker/backpack and taken at the appropriate times. *I understand that self-medication is a privilege. I will warn my student about the dangers and inappropriateness of sharing their medication with anyone.*
  - If needed for specific conditions (e.g. migraines, allergies), a supply of necessary medications will be provided by family and kept in the nurse's office for use as needed at school. School personnel will administer it according to directions above.
  - A designated amount of the medicine will be supplied to the school by family and school personnel will administer it accordingly.
    - 1 week supply
    - 1 month supply
    - other: \_\_\_\_\_

I give the School Nurse permission to talk with my student's physician regarding medications if needed and/or school-related medical concerns.

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

\_\_\_\_\_  
Date