

Eno River Academy

Medication Consent Form

Medication must be brought to school by the parent/guardian (students are not authorized to transport medication Medication must be in the original container, labeled with child's name, and not expired. Scheduled Medication: Dosage to be given: Purpose of the scheduled medication: Dosage to be given: Time(s) to be given: Symptom for which medication may be given: Self-Carry Medication: Student are only permitted to carry; Epi Pen, Insulin, Glucagon, pancreatic enzymes, and/or Emergency Inhaler. "Self-Carry Medication Authorization Form" must be completed, and submitted with "Medication Consent Form" ** All medications must be kept in the office (except approved Self-Carry Meds)** Physician's and Parent signature is required for ALL medication, prescription or over-the-counter. Physician Name (Please Print) Physician Fax Date I hereby give permission for my child, named above, to receive medication during school hours, during the after school program, during athletic events or practices, and during field trips. I also give the school administrator or athletic trainer permission to contact the prescribing physician with any questions or concerns. I hereby release En River Academy and their agents from all liability that may result from my child taking this medication. Parent/Legal Guardian Signature Daytime Phone Date	To be completed by Physicia	n/Parent:			
Dosage to be given:	Student Name:		D.O.B:	Teacher/Grade:	
Medication must be in the original container, labeled with child's name, and not expired. Scheduled Medication: Dosage to be given:	Name of medication (one med	lication per consent forr	n):		
Dosage to be given:					dication).
Dosage to be given:	Scheduled Medication:				
As Needed Medication: Dosage to be given: Symptom for which medication may be given: Self-Carry Medication: Student are only permitted to carry; Epi Pen, Insulin, Glucagon, pancreatic enzymes, and/or Emergency Inhaler. "Self-Carry Medication Authorization Form" must be completed, and submitted with "Medication Consent Form" ** All medications must be kept in the office (except approved Self-Carry Meds)** Physician's and Parent signature is required for ALL medication, prescription or over-the-counter. Physician Name (Please Print) Physician Flance Physician Flance Physician Flance I hereby give permission for my child, named above, to receive medication during school hours, during the after school program, during athletic events or practices, and during field trips. I also give the school administrator or athletic trainer permission to contact the prescribing physician with any questions or concerns. I hereby release En River Academy and their agents from all liability that may result from my child taking this medication. Parent/Legal Guardian Signature Daytime Phone Date Medication Picked up	Dosage to be given:		Time(s) to be	given:	
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	Parent/Legal Guard	lian Signature	(/ _ Day	time Phone Date	
Parent/Guardian Signature: Date:		Medic	ation Picked up		
	Parent/Gua			Date:	
<u>Medication Discarded</u> Amount: Nurse Signature: Date:	Amount	·		Data	



Eno River Academy

Student Self-Carry Medication Authorization Form

Emergency Medications

Student Name:	Date of Birth:			
Medication:	Administer For:			
This form is for students with asthma, diabetes and/or severe allergies who may require emergency rescue medications (inhaler, insulin, glucagon, pancreatic enzymes or epi-pen).				
Healthcare Provider: This student is capable of and has be directed on the medication consent form (both correct te administer it during school hours or activities. This student will not require adult supervision while taking				
Healthcare Provider Signature:	Date:			
<u>Parent/Guardian:</u> I give consent to Eno River Academy Charter School to allow my child to self-administer this medicine at school. I understand that my child and I assume responsibility for the proper use and safekeeping of this medicine. I absolve the Eno River Academy School Board and their agents from any and all liability whatsoever that may result from my child taking this medicine at school.				
Parent/Guardian Signature:	Date:			
<u>Student:</u> I am capable of taking this medicine as recommended and accept this responsibility. I will keep it secure at all times and will not share it with others. I understand that I will be subject to disciplinary actions if medications are shared. I will inform an adult when the emergency medication is used.				
Student Signature:	Date:			
<u>School Administrator:</u> I have reviewed this request and ag self-administering this medication.	gree that this student should be capable of safely			
Eno River Academy Administrator Signature:	Date:			