

**CHRIST LUTHERAN CHURCH & SCHOOL
(2022– 2023 SCHOOL YEAR)**

PARENTAL CONSENT FOR THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

SECTION 1 - STUDENT INFORMATION

Student Name: _____ **DOB:** _____

Teacher: _____ **Grade:** _____

Parent Name: _____

Daytime Phone #: _____ **Alternate #:** _____

List student's allergies: _____

List other medication student is taking: _____

SECTION 2 – MEDICATION INFORMATION

1. Name of Medicine: _____

2. Dose: _____ **Time(s) to be given:** _____

3. Route: Orally Inhaled Injected Other: _____

4. Start Date: _____ **End Date:** _____

If asthmatic, please list signs and/or symptoms most often present when medication is needed:

Breathing difficulty: wheezing and/or chest tightness

General: apprehension/panic, blue lips, pale, dizziness

Other: _____

5. Possible Side Effects: _____

6. Action to be Taken In Case of Side Effects: _____

SECTION 3 – PARENTAL CONSENT

I request that my child be assisted in taking the above prescribed medication at school by authorized persons, and will comply with the school's policies and procedures. If this request is granted, I agree to hold the school and its employees harmless in providing this service to my child. I hereby give consent to the school to communicate with my physician and to counsel with school personnel regarding the possible effects of the drug on my child's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effects.

Date: _____ **Parent/guardian Signature:** _____

Printed Name: _____ **Relationship:** _____

Please return this form to: Christ Lutheran School Office, (310) 831-0848 x. 1100 or fax (310) 831-0090