

Rising Sun High School Medication Consent Form

Student's Name _____

Grade _____

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 _____

****FOR STUDENTS IN GRADES 9-12 WHO USE HAND HELD INHALERS, PLEASE CHECK ONE OF THE FOLLOWING (for inhalers only, all other medication will be kept in the office according to school policy):**

_____ **STUDENT MAY CARRY INHALER WITH THEM TO USE AS NEEDED WITH THE UNDERSTANDING THEY ARE TO REPORT TO THE OFFICE IF BREATHING DOES NOT IMPROVE WITH INHALER USE OR THEY NEED HELP USING INHALER.**

_____ **STUDENT MAY NOT CARRY INHALER WITH THEM, THEY MUST KEEP INHALER IN THE OFFICE AND REPORT TO THE OFFICE IF THEY NEED TO USE INHALER.**

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: _____