

Mount Olive Lutheran Church Parent-Physician Medication Consent Form

It is understood that:

1. All medications must be in an **original over the counter (OTC) and/or pharmacy container** with student's name, name of medication, dose and time of administration on the label and/or container.
2. **For students' safety**, medications sent in baggies or not in the original package will not be given by staff.
3. Students will be taken to the emergency room after using an Epi-pen or giving Glucagon.
4. Students are responsible for taking **emergency medications** (inhalers, epipens, glucoguns) on trips.
5. Students must notify a staff member if they use an emergency medication(s) at church or on church event(s).

Name of student: _____ Date of Birth: _____

Address: _____ Phone: _____

Grade: _____

Medical diagnosis(es): _____

MEDICATION INSTRUCTIONS

(List all medications, including emergency medications (inhalers, epipens, glucoguns)

Medication	Dosage	Frequency

Medication order effective (trip dates) from: _____ until: _____

Emergency Medication Administration Section:

ONLY FOR EMERGENCY (EPIPEN, GLUCOGUN, INHALER)

Check all boxes that apply.

- Student understands the correct use of his/her **emergency medication (epipen, glucogun, inhaler)**.
- Student has permission to self-carry and self-administer the **emergency medication (epipen, glucogun, inhaler)** at church/on event.
- Epi-pen for anaphylactic life threatening reactions **Yes No**
- Inhalers for breathing emergencies. **Yes No**

PARENT CONSENT

I hereby give permission to the staff designated by Mt. Olive Lutheran Church to give the above medication to my son/daughter according to the instructions stated above and authorize them to contact the physician if necessary. A new form is needed when there are changes in the dose of medication or if the medication is discontinued.

Physician's name, and phone _____

Parent/guardian signature _____ Date _____

Special Instructions:

