

**CUMBERLAND SCHOOL DISTRICT  
MEDICATION/TREATMENT ADMINISTRATION AND CONSENT FORM  
453.4 EXHIBIT 1**

**PHYSICIAN'S ORDER**

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Name of Medication/Treatment: \_\_\_\_\_

Dosage & Time to be Administered: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Your signature on this document attests your willingness and intent to direct, supervise, decide, inspect and oversee the administration of the medication by medically trained designees specified on this form, and that you will accept direct communication from them regarding the administration of the medication. We urge that all instructions be stated in language of the lay person.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
*(Name, Address, Phone Number, Fax Number of Physician Ordering Medication/Treatment)*

Comments: \_\_\_\_\_

**PARENT/GUARDIAN CONSENT**

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

\_\_\_\_\_  
*(Name, Address, Phone Number, Fax Number of Physician Ordering Medication/Treatment)*

Name of Medication/Treatment: \_\_\_\_\_

Dosage & Time to be Administered: \_\_\_\_\_

Reason for Medication/Treatment: \_\_\_\_\_

I hereby give my permission to the nurse or delegate(s) to give medication or perform treatment to my child according to the written instructions of the doctor as shown on the Physician Order Form. I also hereby give my permission to the school nurse to contact the child's physician.

I further agree to hold the Cumberland School District and the school district's employees who are administering the medication or performing the treatment harmless in any or all claims arising from the administration of this medication or the performance of the procedure at school.

I agree to notify the school in writing at the termination of the request or when any changes in the above orders is necessary.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

**THIS CONSENT IS VALID FOR THE CURRENT SCHOOL YEAR ONLY**