

CONSENT FOR STUDENT SELF-ADMINISTRATION OF MEDICATION



Physician's Authorization

I authorize and recommend that my patient identified below (and referred to as the "Scholar") be permitted to carry and self-administer at school the medication described below (and referred to as the "Medication"). In my opinion, the Scholar is sufficiently mature and reliable to self-administer the Medication. While I am aware that administration of medication by a school administrator is available as an option, I authorize and recommend that the Scholar be permitted to self-administer the Medication during school hours because:

Scholar's name _____ Scholar's age _____

Medication Supplement _____ Dose _____

Time to be taken at school: _____ Dates: From _____ To _____

Diagnosis/reason for giving _____

Physician's name (please print) _____ Physician's phone _____

Physician's signature _____ Date _____

Parent's Authorization and Release

As the parent/guardian, I give permission for my scholar identified above (and referred to as my "Scholar") to carry and self-administer the medication described above (and referred to as the "Medication") on his/her person, as authorized and recommended by the physician. **I understand that the Medication will be in the original bottle, written authorization will be carried with the Medication, and the amount carried is limited to no more than one day's dosage. Failure to comply with these requirements will result in immediate withdrawal of the privilege.**

As the parent/guardian, I believe that my Scholar has sufficient maturity to self-administer the Medication as directed by the physician and want my Scholar to exercise this privilege even though my Scholar could receive doses at scheduled times from the school administrator. I release and discharge the District and its employees from any and all liability arising from my Scholar failing to take his/her Medication as directed by the physician. I will direct my Scholar to not share the Medication with any other scholar and accept responsibility if my Scholar causes harm to another scholar by such misconduct. Further, I authorize the school administrator to discuss my scholar's prescription for the Medication with my Scholar's physician as necessary to understand the physician's recommendation.

NOTE: A scholar who is authorized to carry and self-administer a medication will not distribute the substance to another scholar while on school property or traveling between school and home. A scholar who violates this policy will be subject to disciplinary action.

Signatures

Parent/Guardian _____ Scholar _____

Administrator _____ Principal _____

Effective Date: _____