



Self-Carry/Administration of Medication Authorization

A responsible, trained student is permitted to carry and/or self-administer medication on his/her person for immediate use in a life-threatening situation with written authorization from a parent/guardian, school nurse, health staff personnel and or Headmaster's approval.

Student: _____ Grade: _____ Date of Birth: _____

Condition for which medication is administered: _____

Name of medication: _____ Dose: _____

Method of administration for medication: _____

Timing /Indication for administration of medication: _____

Side effects to be noted/ reported: _____

Other recommendations: _____

Dates of administration: From _____ to _____ (not to exceed one school year)

Parent/Guardian Authorization

I request that my child, named above, be permitted to carry and/or self-administer the above ordered medication. I take responsibility for this permission. I understand that the medication must be in the original pharmacy container, labeled with the name of the student, prescribing health care provider, the medication name, date of the original prescription, strength and dosage of the medication, and directions for use. Student must notify the Health Office after each use.

Parent Signature: _____ Date: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Student Signature: _____ Date: _____

Headmaster/School Health Office Approvals

We accept the parent request statement above. We will permit/assist the student to be responsible with this self-carry medication, however reserve the right to withdraw the privilege if the student shows signs of irresponsibility, or if there is a reported safety risk. In the event that a safety risk has been determined, the administration will contact parent/guardian as soon as possible.

Health Office Personnel Signature: _____ Date: _____

Headmaster's Signature: _____ Date: _____