Health Services

SELF ADMINISTRATION MEDICATION FORM

(For Asthma, Diabetes, Seizures and Severe Allergies requiring an EPI-Pen)

Parent/Guardian and Student Form

Student Name________________________________ Teacher/Grade _____________________

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TO BE COMPLETED BY PARENTS/STUDENT

Name/purpose of Medication	Dose	Time/Frequency	Duration
1)________________________________	___________	________________	____________
2)________________________________	___________	________________	____________

In signing this form I am agreeing to the following:

- Duplicate medication will be provided to school staff to be maintained in the clinic. This medication will be available for student use in the event that the student misplaces or forgets his medication and requires dosing. As the parent/guardian, I give permission to school staff to administer the above medications if necessary.
- All medication will be in a current pharmacist labeled prescription bottle with the following information clearly identified: Name of student, name of medication and precise dosage information. This includes medications provided to the school clinic as well as medication to be carried by the student.
- Following self-administration of medication, the student is to report to the school clinic for appropriate assessment of their current condition.
- Prior to beginning self-administration of any medications, specific instructions must be provided in writing from the physician on the form provided for that purpose. Alternate forms will NOT be accepted unless they contain all necessary information.
- This form will need to be updated as any physician changes are made.
- Sharing medication with other students is prohibited and will result in disciplinary action.

Furthermore, in signing this form, I understand that the school takes no responsibility for the administration of the medication. I release the School Board and their agents and employees from any and all liability, which may result from taking this medication.

______________________________________ ______________________________________

Signature of Parent/Guardian Signature of Student

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Date Daytime Phone Number

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