



Request That Student Carry and Administer Own Medication

Section I: Physician's Section

_____ is under my care and should be allowed to carry and administer
(Name of student)

his/her personal medication, _____.
(Name of medication)

Dosage and Times/Intervals of Administration

The student has been instructed and demonstrates knowledge of the proper circumstances in which this medication should be administered, as well as the proper care, storage and administration of the above indicated medication.

Possible side effects or severe reactions to watch for:

Starting date for medication: _____

Expiration date of this request: _____

Physician's signature

Physician's Phone Number

Date

Section II: Parent's/Guardian's Section

I hereby make request and give my permission for my child to administer his/her own medication therefrom in keeping with Section I above. Further, I hereby release from liability, and in addition agree to indemnify, all school employees and the Board for damages or injury resulting from the use, misuse, or nonuse of such medication except as such Board or its employees are grossly negligent or engage in wanton or reckless misconduct.

I further agree to submit a revised statement signed by the physician who has prescribed the medication described in Section I above in the event that I become aware that any of the information set forth in that Section has changed. I have read and understand the policy of the District for the administration of medication and affirm that this request entails special circumstances justifying an exception from the usual administration of medication at school by school personnel.

Name of child

Home address

School

Class

Parent/Guardian's Signature

Date