

## SELF-ADMINISTERED MEDICATION PERMISSION FORM

#### **Self-Administered Medications**

Under certain conditions it may be necessary to allow a student to self-administer and carry his/her own medication. This practice is discouraged as lost or improperly administered medication is a risk to all students. The criteria for permitting a student to carry and self-administer medication are as follows:

- The prescriber must direct in writing that the student, **DUE TO THE STUDENT'S MEDICAL CONDITION**, be allowed to carry his/her medication and self-administer.
- The parent/guardian must request in writing compliance with prescriber's order.
- The student must be instructed in the procedure of self-administration by the prescribing physician and the school nurse.
- The student must be capable of responsibly carrying properly labeled medication in an original container on his or her person or keeping it secured in a school locker.
- The parent must assume the responsibility for monitoring the child on a daily basis to insure that the child is carrying and administering the medication as ordered.

#### Healthcare Provider's Permission:

| I am presently treating     | for                               |            |                 |
|-----------------------------|-----------------------------------|------------|-----------------|
|                             | Student's Name                    | Diagnosis  |                 |
| Due to                      |                                   |            | it is necessary |
|                             | Medical Condition                 |            |                 |
| that this student be permit | tted to carry and self-administer |            |                 |
| -                           |                                   | Medication |                 |
|                             |                                   |            |                 |

# I have instructed the student in the procedure of self-administration and feel that the student is capable of responsibly carrying and administering his/her medication.

Healthcare Providers Name (Print)

Healthcare Provider's Signature

Date

### Parent's Permission:

Please permit my child to carry and administer (<u>Medication</u>): \_\_\_\_\_\_ as directed by his/her physician. I assume the responsibility for monitoring my child on a daily basis to insure that he/she is carrying and administering the medication responsibly and as ordered.