



Perry County School District #32 Emergency Medication Self-carry Form

Must be completed by Healthcare Provider
and Parent/Guardian

Note: Policy JHCD- The district prohibits students from possessing or self-administering medications while on district grounds, on district transportation or during district activities unless explicitly authorized in accordance with this policy. Students who possess/consume medications in violation of this policy while on district grounds, on district transportation or during a district activity may be disciplined up to and including suspension or expulsion. However, the Board recognizes that some students may require medication to enable them to remain in school and participate in the district's education services. Students with an IEP/504 plan, diabetes or other chronic health condition may possess or self-administer medication by providing the following:

To be completed by Healthcare Provider:

I request that my patient, _____/_____(student name/DOB),

be allowed to carry their _____, **emergency**

medication, on his/her person as a medical necessity for the following problem(s):

_____.

Additional Instruction:_____.

My patient has been educated on and demonstrated appropriate use of this medication.

(Healthcare Provider's Signature)

(Date)

To be completed by Parent/Guardian:

I understand and agree with the above statements and give permission for self-carry of the above medication(s). I am authorizing self-administration and acknowledging that the district and its employees or agents will incur no liability as a result of any injury arising from the self-administration of such medication unless such injury is a result of negligence on the part of the district or its employees or agents. In accordance with law, any trained/qualified employee will be held harmless and immune from civil liability for administering medication in good faith and according to standard medical practices.

(Parent/Guardian's Name)

(Parent/Guardian's Signature)

(Date)