Minnesota New Country School, Independent School District #4007

AUTHORIZATION FOR SELF-ADMINISTRATION OF MEDICATIONS

Use this form for medication that the student will be carrying and self-administering during school hours.

NOTE: Whenever possible, medication should be given at home, and every effort should be made to avoid school hours.

TO BE COMPLETED BY PARENT OR GUARDIAN:

1. I request that my child be allowed to **self-administer** the medication as listed below, **including inhalers** (MN Statute 121A.221).
2. Medication must be provided in the original, properly labeled container.
3. I understand that MN Statute 121A.222 allows for **secondary students** to possess and use non-prescription pain relievers (i.e. Tylenol, Ibuprofen) with parent permission. **This does not apply to the possession or use of any product containing ephedrine or pseudoephedrine (i.e. Sudafed) or any prescription medication. Controlled substances must never be carried by a student.**
4. I release school personnel from any liability in relation to the administration of this medication at school.
5. A district may revoke the privilege if there is reason to believe the student is abusing that privilege.

Name of Student _____ **Date of birth**_____ **Grade**_____

Parent/Guardian_____

Name of Medication _____

Dosage (consistent with labeling) _____

Allergies_____

Reasons for use_____

Name of Medication _____

Dosage (consistent with labeling) _____

Allergies_____

Reasons for use_____

Signature (Parent/Guardian) _____ **Date**_____