ENGLEWOOD PUBLIC SCHOOLS

Dwight Morrow High School and The Academies @ Englewood
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"Excellence Through Diversity"

To: Physician
Re: Self-Administration of Medication for Life Threatening Conditions

The student may be permitted to self-administer medication for Life Threatening conditions with the written certification of the physician and parent. Please use this form to indicate that the child has been instructed in the self-management of his/her medication.

It is absolutely essential for _____ _____
D.O.B. Grade

To have the following medication prescribed by me, *in school*.

Life Threatening Diagnosis _____

Medication_____ Dosage_____ Time_____

Purpose of medication_____

May self-administer: Yes_____ No_____

What adverse reaction might occur if medication is not given?_____

How long is medication to be administered? From_____ To_____

What untoward reaction might occur if medication is taken too often over an extended period of time? _____

I have instructed this student and consider him/her capable of managing his/her own medication.

Date_____

_____
Private Physician's signature

Physician's name printed _____

Address _____

_____

Phone _____

Please advise parents that medication must be provided in original container.
Parent must complete and sign on the reverse side.

1. A written statement from the physician and parent for students with a Life Threatening condition to self-administer medication is required annually.
2. Pupils requiring medication at school must have this form filled out completely and the private physician must identify the dosage, and purpose of medication. The physician must also certify that the student is capable of self-administration.
3. Prescribed medication shall be administered only in those situations when the pupil would be at risk if it is not administered.
4. The school physician may review any requests for medication to be self-administered during school hours.

Request from Parent

Dear _____,(Principal)

I hereby request that my child _____ who attends grade_____ at _____School be permitted to self-administer medication for his/her Life Threatening illness as prescribed and instructed by his/her private physician. He/she has been instructed by parents on the dangers of sharing or allowing any one else access to their medication. The Englewood Public School District and its employees shall incur no liability as a result of any injury arising from self-administration of medication by the student. I also know that this will indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration of medication by the student. I shall provide all medication in the original container whenever my child may need it and be cognizant of the expiration date.

Date _____

Parent's signature _____