

USD #415
PERMISSION FOR SELF CARRY-SELF ADMINISTER OF OVER THE COUNTER
MEDICATION

Name of Student _____

School _____ Grade _____

Teacher(s) _____

Medication _____ Dosage _____ Date Started _____

Conditions under which the medication can be taken:

Any additional circumstances under which the medication is to be taken:

Length of time medication is to be administered:

*My child has been instructed on self-administration of the medication and is authorized to do so in school

*The lawful custodian will send the medication in an original container, which identifies the name of the medication and the proper dosage of medication.

ANY ABUSE OF A SELF-ADMINISTRATION PLAN WILL RESULT IN THE LOSS OF PRIVELEGE.

I hereby give permission for my student to administer the above medication at school. I understand that it is my responsibility to furnish this medication. I acknowledge that the school incurs no liability for any injury resulting from the self-administration of medication and agree to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self-administration of such medication.

Signature of Parent: _____ Date _____

Signature of Student: _____ Date _____

Signature of School Nurse: _____ Date _____

IMPORTANT NOTE: In order for a student to have access to an inhaler at all times, it is recommended that one inhaler be kept by the school nurse as a backup to the one carried by student.