APPENDIX B: PERMISSION FOR SELF-ADMINISTRATION OF MEDICATION

Name of Student _____

School _____ Grade _____

Teacher _____

Medication _____ Dosage _____

Date Started _____

Conditions under which the medication is to be given: _____

_____

Any additional circumstances under which the medication is to be given: _____

_____

Length of time medication is to be administered: _____

I hereby give my permission for _____ (student) to administer the above medication at school as ordered. 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.

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

_____ Date _____

Signature Parent/Legal Guardian

_____ Date _____

Signature of Health Care Provider