

**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 \_\_\_\_\_ to take 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.**

Signature of Parent or Guardian

**(NOTE: Parental permission must be renewed annually.)**

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Health Care Provider

\_\_\_\_\_ Date \_\_\_\_\_

Approved: May 3, 2010