

## 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 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.**

**Signature of Parent or Guardian:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Health Care Provider:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

Approved: July 26, 2004