

AUTHORIZATION FOR STUDENT SELF ADMINISTRATION OF MEDICATION

SEE FORM 5530 F3-for asthma inhalers

SEE FORM 5530 F4a, and F4b for epinephrine auto-injectors

To the Parent:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO USE
NONPRESCRIBED MEDICATIONS IN SCHOOL. ALL SPACES MUST BE COMPLETED.

Name of Student_____
Date of Birth_____
School_____
Class/Grade

A. I am requesting permission for my child named above to:

use the following medication(s).

Medication: _____

Dosage: _____

Time/Frequency to Be Taken: _____

Check Option below.

Elementary (grades PK to 5) or Secondary (grades 6 to 12):

keep the medication(s) in his/her possession and self-administer such medication(s) in the presence of an authorized staff member.

Secondary Only (grades 6 to 12):

keep the medication(s) in his/her possession and self-administer the medication(s) as needed.

B. I will assume responsibility for safe transport of the medication to school.

C. I will notify the school immediately if there is any change in the use of this medication.

D. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

E. No student is allowed to provide or sell any type of over-the-counter medication to another student. Violations of this rule will be considered violations of Policy **5530** - Drug Prevention and of the Student Code of Conduct/Discipline Code.

Signature of Parent_____
Date_____
Home Telephone_____
Work Telephone