**PARENT AUTHORIZATION FOR SELF-CARRY/ADMINISTRATION OF OVER THE COUNTER**

**MEDICATION AT SCHOOL AND AFTER-SCHOOL ACTIVITIES**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Condition for which the medication is administered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of medication, dose and method administered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time or indication for administration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration (dates) of administration: From \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_(limit of one school year)

**PARENT/GUARDIAN AUTHORIZATION**

I request that my child, named above, be permitted to: \_\_\_\_\_ carry \_\_\_\_\_ self-administer the above medication. I take full responsibility for this permission. I understand that the medication must be in the original pharmacy container, labeled with name of student and medication; and the manufacturer’s recommendations will be followed at all times. No more than a 45 school day supply of medication will be kept at school. This medication will be destroyed unless picked up within one week after the end of the school year or end of the medical order. This medication may NOT be shared with any other person while being allowed to carry at school on the school grounds or at any school activity.

Parent Signature Date Student Signature Date

Parent Telephone Numbers

We accept the parent request and/or physician statement. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or there is a safety risk. We will contact the parent as soon as possible in this even.

School Nurse Signature Date OR Principal Signature Date