Parental Consent for Student to Carry and Self Administer Medication
Parent Authorization / Student Contract

Student: _____ **DOB:** _____

School: _____ **Grade:** _____

My child may carry with him/her and self-administer his/her own medication. I realize that the school is not responsible for the benefits or consequences of the medication. The school bears no responsibility for assuring that the medication is taken. I also understand that if my child abuses the policy of carrying his/her medication, the medication will be confiscated and the privilege will be taken away.

Name of medication:_____

Reason for taking medication:_____

My child has _____ **allergies.**

Student Contract

( ) I plan to keep the above named medication with me at school rather than in the school office.
( ) I agree to use this medication in a responsible manner, in accordance with my physician's orders.
( ) If this is an inhaler, I will notify the school office if I am having more difficulty than usual with my asthma.
( ) I will not share my medication with others.

Student's Signature: _____ Date: _____

Parent/Guardian Authorization

This contract is in effect for the current school year unless revoked by the physician or my student fails to meet the above safety contingencies.

( ) I have returned an Action Plan and/or Medication Administration Authorization form to the office/nurse.
( ) I agree to see that my child carries his/her medication as prescribed, that the container contains medication, and the date is current.
( ) I will review the status of my child's medication with my child on a regular basis.

If my child uses an inhaler or has an epinephrine auto-injector, I will provide a back-up spare to be kept in the school office. _____ Yes _____ No

Parent/ Guardian's Signature: _____ Date: _____

Prescribing Physician

In my opinion, this student shows capability to carry and self-administer the above medication.

_____	_____	_____	_____
Physician Signature	Print Name	Telephone	Date

Office stamp