

Self-Administering Medication

Request from Parent

Dear School Nurse:

I hereby request that my child _____ self-administer medication during his/her school day as prescribed by his/her physician. Medical written orders accompany this request.

I authorize my child to self-administer the medication, and release and indemnify those persons and the school district from any liability in connection with the administration of these medications.

Date

Signature of Parent / Guardian

Recommendation of Family Physician

In order to protect the health of _____ it is necessary for him/her to have the following medication in his/her school day.

Medication _____

Dosage _____

Time to be administered _____

Purpose of Medication _____

Side Effects _____

Authorization for the student to self administer the above medication.

Date

Signature of Physician

office stamp