

**Student Services**

**Permission to Self-Administer Medication**

**PERMISSION FORM  
FOR STUDENT TO SELF-ADMINISTER MEDICATION**

I hereby certify as follows:

I, \_\_\_\_\_, the parent/guardian of  
Parent/Guardian

\_\_\_\_\_, a student in the  
Student

\_\_\_\_\_, am legally authorized  
School District

to make educational and health care decisions for the Student.

I hereby give my permission for the Student to retain in his/her possession \_\_\_\_\_ and to self-administer this medication in accordance with my son/daughter's written treatment plan signed by his/her physician. This permission shall be effective during the school day, on school property, including but not limited to a school bus, and at all school activities, whether on or off school property or occurring during the regular school day.

I have provided the District with a written medical history of the Student's experience with his/her chronic health condition, ("Condition") and a plan of action for addressing any emergency situations that could reasonably be anticipated as a consequence of administering the medication and having the Condition.

I have provided the District with a copy of the Student's treatment plan including a physician's statement that our the Student is capable of self-administering the medication under the treatment plan, and written certification from the Student's physician, stating that the Student (a) has the aforementioned Condition and (b) is capable of, and has been instructed in, the proper method of self-administration of medication and informed of the dangers of permitting other persons to use the medicine prescribed for the Student.

I understand that the District and its employees or agents may disclose information provided in accordance the foregoing paragraphs to administrators, schools nurses, teachers, and other school employees as may be necessary to protect the health of the Student and to establish that the Student has been authorized to self-administer the medication designated above, and shall incur no liability for the disclosure of such information.

