

SELF-ADMINISTRATION OF MEDICATION FOR SY: _____

A. PARENT(S)/LEGAL GUARDIAN(S) REQUEST AND AUTHORIZATION

I, THE UNDERSIGNED, request and authorize my child _____
to self-administer his/her medication: (Check appropriate box)

- Inhaler Auto-injectable epinephrine
 Student with Diabetes: Self-testing and Self-management of Diabetes

This authorization is given based on the following:

- My child is capable of and has been instructed in the proper method of self-administration of this medication.
- I understand that my child shall be permitted to carry at all times his/her medication as long as he/she does not endanger him/herself, or endanger other persons, and will not misuse the medication.
- I understand that if my child misuses or exceeds the prescribed dosage, or endanger others with the medication, school employees or agents may confiscate the medication.

Parent(s)/Legal Guardian(s) Signature: _____ Date: _____

I, THE UNDERSIGNED,

- Understand that the Department of Education, its employees or agents shall not incur any liability as a result of any injury arising from the self-administration of medication by my child.
- Shall exempt from liability and hold harmless school employees or agents any claims arising out of the self-administration of medication by my child.
- Understand that this authorization shall be effective for this current school year and must be renewed annually.

Parent(s)/Legal Guardian(s) Signature: _____ Date: _____

B. PHYSICIAN'S CERTIFICATION

I, THE UNDERSIGNED, certify that _____ has asthma,
(Name of Student)
anaphylaxis or another potential life-threatening illness, _____, and
(Specify)
he/she is capable of and has been instructed in the proper method of self-administration of his/her own (Check appropriate medication):

- Inhaler Auto-injectable epinephrine Insulin and self-management

Physician's Name (Print/Type) Physician's Signature Date

Address: _____ Telephone #: _____
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Principal/Designee review and acceptance of form. _____ Date: _____
(Name/Title)

Form Received: SHA Signature _____ Date: _____