

Carl Junction R-1 School District Health Services

Self-Administration of Medication Permission Form

If your child needs to carry and administer his/her own medication(s), the following information MUST be completed and returned to school. This form must be renewed each school year. The Carl Junction R-1 School District and its employees or agents shall not be liable because of any injury arising from the self-administration of medication by the student.

Student Name _____ Birthdate _____

Medication _____

Dosage _____ Frequency _____

Diagnosis/Medical History _____

Significant Side Effects _____

Plan of actions for emergencies _____

I have determined that it is necessary for this medication to be administered during school hours. This student has a chronic health condition. As part of learning self-care, the student should assume responsibility for his/her own medication. The student is capable of and has been instructed in the proper method of self-administering the medication, and he/she has been informed of the dangers of permitting others to use the student's medication.

Physician Signature _____ Date _____

As a parent/guardian, I authorize Carl Junction R-1 School District to allow the student named above to self-administer medication. I acknowledge that the Carl Junction R-1 School District and its employees or agents shall incur no liability arising from the student's self-administration of medication, and as parent/guardian, I indemnify and hold harmless the district and its employees or agents against any claims arising out of the student's self-administration of medications.

Parent/Guardian Signature _____ Date _____

I have been instructed on and will be responsible for the proper method of self-administering the above named medication. I will not permit others to use this medication, realizing the danger of doing so.

Student Signature _____ Date _____