Medication Permission Request Form

Name of Student: _____ Date of Birth: _____
School: _____

To Be Completed By Licensed Health Care Prescriber/MD

Medication Name	Dose	Route	Time at School	Prescriber/MD☑ applicable boxes
				Medication necessary for Field Trips: Yes ☐ No ☐ May Self Admin-Self Carry (for inhalers, Epi Pen or insulin). Yes ☐ No ☐
				Medication necessary for Field Trips: Yes ☐ No ☐ May Self Admin-Self Carry (for inhalers, Epi Pen or insulin). Yes ☐ No ☐
				Medication necessary for Field Trips: Yes ☐ No ☐ May Self Admin-Self Carry (for inhalers, Epi Pen or insulin). Yes ☐ No ☐

Licensed Health Care Prescriber /MD please refer to the following description for insulin, Epi Pen or inhalers

Self-Administer/ Self-Carry	I have determined this student is consistent and responsible in taking their own medications (Self-Directed) and in addition, give them permission to self- carry and self-administer this medication. They will be considered independent in medication delivery and need intervention only during emergencies.

Related Diagnosis: _____ ICD code: _____

The following side effects are common: _____

The following side effects should be reported to me: _____

Additional comments: _____

Name and Title of Licensed Health Care Prescriber (Please Print) _____

Prescriber's Signature _____ **Date** _____ **Phone** _____

To Be Completed By Parent

I give permission for the above medication to be administered to my child as ordered by my health care provider. I will furnish the medication in the original pharmacy container, properly labeled with directions and dosage, or original over-the-counter medication container/packaging with my child's name on it.
I understand that medication normally given at school during a delayed opening or early dismissal will need to be given at home.

Parent/Guardian Signature _____ ***Date*** _____ ***Phone*** _____

Self-Administer/Self Carry *(for inhalers, Epi Pen or insulin)*

Parent permission and provider consent is required for students to self-administer and self-carry medication (inhalers, Epi Pen or insulin). Students with this designation are considered independent in taking their medication at school and require no supervision by the nurse. Parents assume responsibility for ensuring that their child is carrying and taking their medication as ordered. Schools may revoke the self-carry/ self-administer privilege if the student proves to be irresponsible or incapable. To request this option please sign below:

Parent/Guardian Signature _____ ***Date*** _____ ***Phone*** _____