



Request for Student Self-Administration of Medications

<b>Student Name:</b>		<b>Date of Birth:</b>	
<b>School:</b>		<b>Grade:</b>	
<b>TO BE COMPLETED BY HEALTHCARE PROVIDER (HCP)</b>			
Student's diagnosis: _____			
Medication(s) (dose, frequency, route): _____ _____			
Side effects/other concerns: _____			
Please indicate reason for request ( <i>mark only one</i> ):			
<input type="checkbox"/> This student is capable of self-administration of his/her medication(s) and may be allowed to carry medication(s) for this purpose.			
<input type="checkbox"/> This student is NOT capable of self-administration of his/her medication(s), and may NOT be allowed to carry medication(s).			
<input type="checkbox"/> This student is NOT capable of self-administration of his/her medication(s), but may be allowed to carry medication(s) to and from school to ensure immediate access if needed.			
<b>HCP Name:</b>		<b>Phone #:</b>	
<b>Signature:</b>		<b>Date:</b>	

My child has been instructed in the proper use of the above medication(s). I certify that my child is capable of carrying and/or self-administration of these medication(s). I request that he/she be permitted to carry and self-administer the above medication(s). I authorize the release of information between the school and physician pertinent to my child's diagnosis and treatment.

My child and I understand that there are serious consequences for sharing any medications with others. Furthermore, I understand that the school shall incur no liability, and I will hold the school and its employees harmless against any claims relating to self-administration medication(s).

<b>Parent Signature:</b>		<b>Date:</b>	
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\*This form is good for one school year only and needs to be resubmitted each year.



## Campbell County School District #1



## Nursing Services

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\*Complete Medication Administration regulation may be viewed on District web site:

<http://www.campbellcountyschools.net> (5200-R Student Health)

### Special Consent to Carry and Self-Administer Medication

- Students may be allowed to carry and/or self-administer life-saving and life-maintaining medications on school grounds and/or at school functions.
- Such situations require a consent form signed by the healthcare provider and the parent/guardian verifying that the student has a severe medical condition requiring self-administration of medication and/or treatments and that the student is capable of, has been instructed in, and understands the proper method of self-administration of the prescribed medication/treatment.
- Students who have obtained permission for self-administration as set forth above must take extraordinary precautions to keep the medication/supplies/equipment secure, and must not, under any circumstances, make available, provide, or administer the medication to another person. The student must immediately report the theft or loss of any medication occurring at school or during a school activity.
- The District and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of a medication/treatment by the student.
- The permission for self-administration of a medication or treatment is effective for the school year for which it is granted and must be renewed for each subsequent school year.

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