



## SELF-ADMINISTERED MEDICATION PERMISSION FORM

### SELF-ADMINISTERED MEDICATIONS:

Under certain conditions, it may be necessary to allow a student to self-administer and carry his/her medication. This practice is discouraged as lost or improperly administered medication is a risk to all students. The criteria for permitting a student to carry and self-administer medication are as follows:

- The prescriber must in writing direct that DUE TO HIS/HER MEDICAL CONDITION the student be allowed to carry his/her medication and self-administer.
- The parent/guardian must request in writing compliance with prescriber's order.
- The student must be instructed in the procedure of self-administration by the prescribing physician and the school nurse/teacher. The student must be capable of responsibility carrying properly labeled medication in an original container on his or her person or keeping it secured in a school or physical education locker.
- The parent must assume the responsibility for monitoring the child on a daily basis to insure that the child is carrying and administering the medication as ordered.

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### PHYSICIAN'S PERMISSION:

I am presently treating \_\_\_\_\_ for \_\_\_\_\_  
*Student's Name* *Diagnosis*

Due to \_\_\_\_\_ it is necessary that this  
*Medical Condition*

student is permitted to carry and administer \_\_\_\_\_.  
*Medication*

**I have instructed the student in the procedure of self-administration and feel that the student is capable of responsibly carrying and administering his/her medication.**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

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### PARENT'S PERMISSION:

Please permit my child to carry and administer the above medication as directed by the physician. I assume responsibility for monitoring my child on a daily basis to insure that he/she is carrying and administering the medication responsibly and as ordered. **Please note, Barbers Hill I.S.D. is not responsible for loss, damage, or theft of the prescribed medicine.**

\_\_\_\_\_  
Parent/Guardian's Name (PRINT)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date